Mapfre Malta p.l.c.
Middle Sea House, Floriana FRN 1442 Malta

T: (+356) 2124 6262
info@mapfre.mt
Registration Number: C5553

Travel Insurance Proposal Form

ALL QUESTIONS MUST BE FULLY ANSWERED

1. APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)

Title	Name & Surname of Proposer/Company name	
I.D. card no.	Date of birth	
Company reg. no.	Nationality	
Passport no.	Date of issue	Place of issue
Gender	Marital Status	
Contact no.	E-mail address	
Postal address		
Business or occupation		

Cover required: Low cost ☐ Economy ☐ Club ☐ Winter sports required: Yes ☐ No ☐

Do you want to buy Waiver of excess on this policy? Yes ☐ No ☐

Do you want to buy COVID-19 Extension on this policy? Yes ☐ No ☐

2. ADDITIONAL APPLICANTS

Title	Name & Surname				
I.D. card no.	Cover required	Low cost ☐	Economy ☐	Club ☐	
Date of birth	Winter sports required	Yes ☐	No ☐		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost ☐	Economy ☐	Club ☐	
Date of birth	Winter sports required	Yes ☐	No ☐		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost ☐	Economy ☐	Club ☐	
Date of birth	Winter sports required	Yes ☐	No ☐		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost ☐	Economy ☐	Club ☐	
Date of birth	Winter sports required	Yes ☐	No ☐		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost ☐	Economy ☐	Club ☐	
Date of birth	Winter sports required	Yes ☐	No ☐		

Title	Name & Surname	
I.D. card no.	Cover required Low cost ☐ Economy ☐ Club ☐	
Date of birth		Winter sports required Yes ☐ No ☐
Title	Name & Surname	
I.D. card no.	Cover required Low cost ☐ Economy ☐ Club ☐	
Date of birth		Winter sports required Yes ☐ No ☐
Title	Name & Surname	
I.D. card no.	Cover required Low cost ☐ Economy ☐ Club ☐	
Date of birth		Winter sports required Yes ☐ No ☐
Title	Name & Surname	
I.D. card no.	Cover required Low cost ☐ Economy ☐ Club ☐	
Date of birth		Winter sports required Yes ☐ No ☐

3. GENERAL QUESTIONS

Have any of the applicants suffered any injury or sustained any loss or damage whilst travelling in the last 3 years?
☐ Yes ☐ No
If "YES", please give details

Have you or any of the applicants ever been convicted or charged but not yet tried for any offence? Yes ☐ No ☐
If "YES", Please give details

Travel destination, please choose area:
- ☐ **Area 1:** Europe including Russia west of the Ural Mountains, countries bordering the Mediterranean, the Azores, Canary Islands, Madeira and Iceland.
- ☐ **Area 2:** Worldwide excluding USA and Canada.
- ☐ **Area 3:** Worldwide

Duration of trip (maximum period of 180 days)

From	To
Premium	Document Duty
Fee	Total

Manual work means physical work irrespective of whether or not carried out by unskilled or skilled workers. Such cover is excluded under the policy unless otherwise agreed by the Company.

HEALTH WARRANTY

Claims under Sections 1 (Cancellation and Abandonment) and 2 (Emergency Medical and Associated Expenses and Hospital Benefit) will only be entertained if such claims are not a direct or indirect result of any pre-existing medical condition of the insured personor of any travelling companion.

SECTIONS, LIMITS AND EXCESSES PER INSURED PERSON

Section		Low Cost Euro	Economy Euro	Club Euro	Excess Euro
1A	Cancellation Abandonment	1,200	5,500	7,500	50
1B	Trip Cancellation due to adverse weather	1,200	2,000	3,000	50
2A	Medical Expenses	50,000	250,000	750,000	50
2Ba	Hospital Benefit *€25 for every 24 hours up to a maximum of:*	500	750	1,000	Nil
2Bb	Treatment in Malta	750	1,000	1,250	Nil
3A	Delayed Departure *€50 for every 8 hours up to a maximum of:*	250	250	500	Nil
3B	Missed Departure	250	750	1,500	Nil
3C	Hijack *€125 for every 24 hours up to a maximum of:*	500	500	500	Nil
4A	Personal Money	1,000	1,500	2,500	50
4B	Baggage *Limit per item*	1,000 *500*	2,500 *750*	3,500 *1,000*	50
4C	Delayed Luggage	150	350	1,000	Nil
4D	Travel Documents	125	200	250	Nil
4E	Rental Vehicle Policy Excess	500	750	1,000	Nil
5	Liability	1,250,000	1,250,000	1,250,000	50
6	Personal Accident *If under 16 years old*	10,000 5,000	20,000 10,000	45,000 25,000	Nil Nil

BASIC PREMIUM RATES

		LOW COST			ECONOMY			CLUB		
Duration of trip		**Area 1**	**Area 2**	**Area 3**	**Area 1**	**Area 2**	**Area 3**	**Area 1**	**Area 2**	**Area 3**
		Euro	**Euro**	**Euro**	**Euro**	**Euro**	**Euro**	**Euro**	**Euro**	**Euro**
Up to	**5 days**	16.00	29.50	35.00	18.00	33.50	36.50	22.50	42.00	46.50
From	**6 to 11 days**	18.50	37.50	42.50	22.00	40.50	45.00	27.00	48.50	54.00
	12 to 18 days	23.75	48.00	55.00	27.50	52.00	59.00	31.50	63.00	68.00
	19 to 24 days	29.50	55.50	61.50	31.00	61.50	71.50	37.00	72.00	79.50
	25 to 31 days	33.50	61.50	67.50	35.00	68.00	79.00	40.00	84.00	91.00
Each additional	**10 days**	7.00	8.75	14.00	8.00	13.00	15.50	12.00	17.00	20.00

NOTES

1. The above are basic rates per person aged between 16 and 69.
2. Persons aged between 70 and 80 at double the above basic rates.
3. Children up to 2 years of age - free of charge.
4. Children aged between 3 and 15 - 50% of the above basic rates.
5. Winter Sports cover at 2.5 times the above basic rates.
6. Additional premium in respect of waiver of excess option is €5 per person and has to be purchased by all
   applicants on the policy
7. Additional premium for COVID-19 extension (available only for insured persons aged up to 80 years):

COVER	Additional premium per person * see note below
LOW COST	€ 8.00
ECONOMY	€ 15.00
CLUB	€ 33.00

*** The additional premium per person for the COVID-19 extension has to be applied to each and every person insured on the policy, irrespective of their age.**

IMPORTANT NOTE

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

APPLICABLE LAW

Unless agreed otherwise in writing, your insurance policies with Mapfre Malta p.l.c. (hereinafter referred to as the "Company" or "we") shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We are committed to providing good quality services. We recognise that a client may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification, a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response.

HOW TO COMPLAIN

STEP 1 – CONTACTING THE COMPANY

The first step is to talk to a member of our personnel or of the intermediary if the Policy was arranged through one. This can be done informally either directly or by telephone.

Usually the best person to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then address the matter to the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of the concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING THE COMPLAINT FURTHER

If you are still unhappy, the next step is to put the complaint in writing, addressing it to Complaints Officer, Mapfre Malta p.l.c., Middle Sea House, Floriana FRN 1442 or via e-mail on compofficer@mapfre.mt. Your communication should set out the details, explain what you think went wrong and what you feel would put things right. If you are not happy about writing it, you can always ask one of our staff members to take note of the complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with.

We will promptly acknowledge your complaint in writing and outline the steps we will take to investigate and resolve it. If we are unable to resolve your complaint within 15 working days, we will inform you of the reason for the delay.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact:

Office of the Arbiter for Financial Services
N/S in Regional Road,
Msida MSD 1920,
Malta
Telephone: 8007 2366 or 21249245
E-mail: complaint.info@asf.mt
Website: www.financialarbiter.org.mt

The Office of the Arbiter will expect that you have a final reply to your complaint from us before approaching them..

PERSONAL DATA PROCESSING

The proposer and/or policyholder is hereby being informed about the data processing that the Data Controller Mapfre Malta p.l.c. will carry out on his/her personal data provided voluntarily, as well as those provided through his/her intermediary, on his/her consultation, insurance application or, if applicable, the contracting of any service or product.

Purposes of processing:	To manage your insurance application and, if applicable, to manage the contract, preparation of a risk profile for actuarial purposes, fraud prevention and investigation, preparation of a commercial profile for the communication of information and advertising about offers for Mapfre Malta p.l.c.'s products and services, as well as centralized management of your relationship with the Mapfre Group.
Legal basis:	Execution of the contract, legitimate interest, compliance with legal obligations and consent.
Recipients:	Data may be disclosed to third parties and/or transferred to third countries in accordance with the terms and conditions stated in the additional data protection Information.
Rights:	Users may exercise their rights of access, rectification, deletion, restriction, objection, including to automated decision making and portability, as detailed in Additional Information on Data Protection.
Additional Information:	You may consult the link to https://www.mapfre.com.mt/privacy-policy/

If the data provided pertains to physical persons other than the data subject, including health data, the latter guarantees that they have the former's consent before providing the data, informing them in advance of the data protection terms set out in this document.

The proposer and/or policyholder confirms that they are over 18 years of age. If the data provided by the data subject refers to children under the age of 18, including health data, as the holder of parental authority or guardianship over the minor, you expressly authorize the processing of such data under the terms established in the additional information.

The proposer and/or policyholder warrants that the personal data provided is accurate and truthful and undertakes to keep it up to date and to inform Mapfre Malta p.l.c. of any changes made to it.

Mapfre Msv Life p.l.c. and Mapfre Malta p.l.c. have entered into a joint control agreement committing to comply with data protection legislation to process their data jointly under the terms detailed in section "9. Joint control amongst Mapfre Group companies" in the link to https://www.mapfre.com.mt/privacy-policy/

☐ I want to receive, including in electronic format, personalized sales communications about products and services, discounts, gifts, promotions, and other advantages from the Mapfre Group and other collaborating companies, and therefore I consent to profiling.

In any case, your consent for processing your data for this purpose is revocable and you may withdraw your consent at any time or exercise any of the rights as described in the link to https://www.mapfre.com.mt/privacy-policy/

CONSENT FOR INFORMATION EXCHANGE

I consent, on my behalf and on behalf of anyone listed in this form, that the Company and its intermediaries or any member of the Group may, for the purpose of preventing, detecting or suppressing fraud or any other reason as compelled by law and for the purpose of administering my insurance proposal and policy and handling and settling claims, exchange some or all of the information including information about my insurance history with Public Authorities, members of the legal or medical profession, insurance undertakings, insurance intermediaries and the Commissioner of Police as may be applicable.

I understand (and have explained to others) that when I inform the Company about an incident that may or may not lead to a claim, the Company may share information related to it with the Malta Insurance Association and/or other insurance companies and intermediaries.

We will ensure that this communication is carried out confidentially and in accordance with the Professional Secrecy Act, 1994 and as permitted under relevant legislation.

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read or have had read to me the contents of the completed proposal form and agree that all the statements I have made and information I have provided are correct and complete in every respect and will form the basis of the contract between me and Mapfre Malta p.l.c [us]. I undertake to notify Mapfre Malta p.l.c of any change in the information subsequent to the submitting of this proposal form. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, Mapfre Malta p.l.c reserves the right to repudiate the claim or declare the policy void. I understand and agree that by signing this Declaration I will be bound by the statements and disclosures of material facts herein contained. I confirm that I have received, read and understood the 'Insurance Product Information Document', 'Information for Prospective Policyholders' and the quotation relevant to the product for which I am applying.

Signature of applicant		Date	
Intermediary			