

## Combined Insurance Proposal Form

When completing this Proposal Form, ALL sections of the form must be completed.

You must disclose all material facts (i.e. information likely to influence the underwriters consideration of this application), if such facts are omitted this could result in the invalidation of this policy and claims subsequently refused. If sections of this form are not applicable to you, please state 'Not Applicable' or N/A or None, where blank we shall treat it as not applicable.

Should you have any queries in completing the form, please do not hesitate to refer to the Company. It is recommended that you retain a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request.

### 1. APPLICANT DETAILS (PLEASE USE CAPITAL LETTERS)

Title	Proposer's full name (if a company state company name)	
I.D. card no.	Date of birth	
Company reg. no.	Nationality	
Passport no.	date of issue	place of issue
Contact no.	E-mail address	
Gender	Marital Status	
Postal address {including postcode}		
Full description of the Business or Occupation of Property Category of Assureds' Business - Sole Trader/Limited Company/PLC/Partnership		
How many years has the business been established?		
Address/es of the Premises to be Insured		

### 2. GENERAL INFORMATION

1. Are the premises, including any outbuildings

a) Built of brick, stone and concrete and roofed with incombustible materials?  
If No, give details:

b) In a good state of repair:  Yes  No  
If No, Give details:

2. Are you the sole occupant of the above building/s in which your premises is situated?

Yes  No

If No, Give Details:

3. Are all parts of the buildings at present occupied?

Yes  No

If No, Give Details:

4. Are your premises entirely self-contained with their own means of access?

Yes  No

If No, Give Details:

5. Is any manufacturing carried out on the premises?

Yes  No

If Yes, Give Details:

6. Is there hazardous material on or in the vicinity to the insured premises (fuels, acids, gases or similar substances)

Yes  No

If Yes, Give Details:

7. Details of adjacent property if any

8. Is the policy to be pledged to a bank/individual/financial institution? If yes, state bank and Branch

Yes  No

If Yes, Give Details:

9. Business Hours

10. Security and Protection

- a. Outer doors on ground floor and basement
- b. Front windows on ground floor and basement
- c. Back or side windows on ground floor and basement

11. Is a Theft and Fire Alarm System Installed? Yes/No  Yes  No

If YES give details and state which parts of premises are protected

11b. Is the alarm telephone linked, If so, to whom

12. Give details of any power operated lifting tackle, including a passenger lift/ boiler

13. Have you ever had:

a. A proposal for similar insurance or renewal of policy declined or policy cancelled?  Yes  No

If Yes, please specify why:

b. Any accidents or losses in respect of any section to be selected?  Yes  No

If Yes, please give details:

14. Are stock records and purchases/sales books/computer records and other accounting records kept and maintained according to proper accounting practices?  Yes  No

If No, state why:

15. When was the last certification of machinery done and by whom?

16. Is there any other material that has not been asked or in this proposal which you think the company should be aware of?

Yes  No

If Yes, give details

17. Have you ever been subject to any declaration of bankruptcy?  Yes  No

If Yes, Give Details:

18. Have you ever been arrested, have received any criminal convictions or have any pending prosecutions other than for driving offences?  Yes  No

If Yes, Give Details:

### 3. SUMS INSURED

#### PROPERTY OR BUILDINGS AND CONTENTS

Is this Cover required?  Yes  No

Summary of Cover:

Cover is provided for fire, lightning, explosion, aircraft, riot, strikes, locked-out workers persons taking part in labour disturbances, malicious persons, impact by any road vehicle or animals, earthquake, windstorm, flood, bursting overflowing discharging or leaking of water tanks apparatus or pipes and accidental damage.

Buildings  
\*Including cover for debris removal and professional fees

Sum Insured €

Rent Receivable/Payable (State Months)

Trade Contents

Sum Insured €

a. Stock in Trade

b. Plant, Machinery & Equipment

c. Furniture, Fixtures, Fittings & other contents

d. Electronic, computer & other data processing equipment

e. Fixed glass

f. Illuminated signs / neon signs

g. Photovoltaic (PV) panels and/or Solar Water heaters

h. Others (please specify)

## BUSINESS INTERRUPTION

Is this Cover required?  Yes  No

### Summary of Cover:

Business interruption insurance will potentially cover loss of profits and additional expenses that an insured suffers as a result of insured damage to physical property such as following a fire or flood.

	Sum Insured €
Gross Income	
Increased Cost of Working	
Auditors and accountants Fees	
Maximum indemnity period	

## PUBLIC LIABILITY

Is this Cover required?  Yes  No

### Summary of Cover:

Provides cover for : (1) legal liability of the Insured to third parties both property damage and bodily injury (2) all costs and expenses of litigation a) recovered by any claimant against the Insured b) incurred with the written consent of the Company.

	Limit of Liability €
Any one claim	
In the aggregate	

## PRODUCTS LIABILITY

Is this Cover required?  Yes  No

### Summary of Cover:

Product liability insurance protects you against the cost of compensation for: personal injuries caused by your faulty product and/or loss of or damage to property caused by your faulty product.

*A further questionnaire may be required to be completed at the discretion of the Company.*

	Limit of Liability €
Any one claim	
In the aggregate	

### Estimated Annual Turnover

If the premises is a hotel, please specify the number of beds and rooms

Number of rooms	Number of Beds

Do you require cover for works carried out away from your premises?  Yes  No

If yes give a full description of these works and any machinery which is used

## EMPLOYERS LIABILITY

Is this Cover required?  Yes  No

### Summary of Cover:

Provides cover to any employee in your immediate service who sustains bodily injury by accident or disease caused during the Period of Insurance and arising out of and in the course of his employment by you in the Business. We will indemnify you against liability at law to pay compensation and claimant's costs and expenses in respect of such injury and will in addition pay all costs and expenses incurred with our written consent.

Limit of Indemnity €	
Estimated Number of Employees:	Wageroll Figures:
Managerial & Clerical	Managerial & Clerical €
All other Employees	All other Employees €

## GROUP PERSONAL ACCIDENT

Is this Cover required?  Yes  No

### Summary of Cover:

This insurance policy will provide you payment of specified benefits in the event of an accident resulting in disablement or death, including related medical, surgical or nursing expenses.

Name and Surname	ID Card Number	Date of Birth

Has any person to be insured any physical defect infirmity or ill health of any sort?  Yes  No  
If Yes, Please give details

Total Annual Wageroll €

Highest Annual Wageroll per individual €

Scale of Compensation	Compensation Payable
Death	€
Loss of sight of both eyes and loss of two or more limbs or loss of sight in one eye and one limb	€
Loss of sight of one eye or loss of one limb	€
Permanent partial disablement (other than loss of sight or limb)	€ (According to the Disability Scale)
Temporary total disablement	€ (Per week during disablement)
Temporary partial disablement	€ (Per week during disablement)
Reasonable medical, surgical, hospital, nursing fees or charges necessarily incurred following bodily injured to an insured person	€ (Any one insured person in respect of any one event)

Do you require cover on Occupational Accidents only or on a 24 hour cover?  Occupational Accidents  24 Hour Cover

Would you like cover to be extended outside the Maltese islands?  Yes  No  
If yes, please provide us with the required Geographical Area

## TOOL OF TRADE

Is this Cover required?  Yes  No

### Summary of Cover:

The Company will indemnify the Insured against liability at law for damages and claimant's costs and expenses in respect of;

a. Accidental Injury to persons

b. Accidental Damage to property

happening within the Geographical Limits during the period of insurance in connection with the specified motor vehicle being used as a tool of trade.

Registration Number/s

Make/s and Model/s

Year of Manufacture/s

Limit of Indemnity

€ 25,000  € 60,000  € 120,000  € 175,000  € 235,000  € 350,000

\* An updated engineers report is to be submitted with the proposal form, if applicable

## MONEY

Is this Cover required?  Yes  No

### Summary of Cover:

Provides cover for loss of Money by any cause whatsoever not herein excepted occurring in the situation during the Period of Insurance.

	Limits of Indemnity
1. Crossed Cheques, Crossed postal order, crossed money orders, crossed bankers drafts, credit sale vouchers or receipts	
2. Money whilst;	
a. In Transit or in bank night safe & thereafter within the bank premises until at banks risk	
b. In your personal custody or that of any of your partners, directors or employees out of business hours	
c. Within the premises during business hours	
d. Within the premises out of business hours not contained in a locked safe	
e. Within the premises out of business hours contained in a locked safe	

Please state make, model & serial No of safe/ Grade and Capacity

*Estimated annual money carryings*

Personal accident assault  Yes  No As per policy limits

Is money carried to any other premises besides the bank?  Yes  No  
If YES, please give details

## GOODS IN TRANSIT

Is this Cover required?  Yes  No

Summary of Cover;

Cover is provided for Loss of or damage to property insured from any cause not hereinafter excepted whilst

- i. in transit within the Geographical Area by means of a specified vehicle
- ii. being loaded onto or unloaded from a specified vehicle
- iii. temporarily housed in the course of transit by a specified vehicle during the period of insurance

Please complete the following:

Type of vehicle	Reg. Number	Open/Closed	Limit any one vehicle

Estimated annual carryings by all vehicles €

State security devices fitted to vehicle

Are loaded vehicles left at night other than in a locked building or locked compound?  Yes  No  
If Yes, give details

## DETERIORATION OF STOCK

Is this Cover required?  Yes  No

Summary of Cover;

Cover is provided for deterioration of frozen refrigerated/foods following breakdown of fridges/freezers.

Note: It is a condition under the policy that a machinery breakdown insurance policy is in force covering the machinery storing such foods

Number of fridges and/or freezers (Inc. Make & Model & / or Serial No/Year of Make)	
Description of Stock	

Are the fridges/freezers/cold rooms equipped with temperature change alarms and are such alarms connected to the Insured's mobile?  Yes  No

Does the fridges/freezers/cold rooms run at full capacity or is space left so that if one of the machinery is not working the stock of that machinery can be moved to the other machinery?  Yes  No

What is the amount of hours that a fridge/freezer/cold room can run without electricity? (No of hours)

Are the premises equipped with a stand-by generator(s)?  Yes  No

Are the premises equipped with a lightning and over-voltage protection device?  Yes  No

Is the equipment maintained in accordance with manufacturer's instructions?  
If NO state areas of deficiency  Yes  No

**Specification of Items to be Insured**

Item No.	Desc. Of Machinery (Make/Model)	Y.O.M	Serial No.	Sum Insured

**ELECTRONIC EQUIPMENT**

Is this Cover required?  Yes  No

Summary of Cover;

Cover is provided for unforeseen and sudden physical loss or damage to the electronic equipment and data media.

a) Is the equipment maintained in accordance with manufacturer's instructions?  Yes  No

b) Is the equipment protected by lightning and overvoltage protection devices?  Yes  No

If "YES", Please give details on protection

**Specification of Items to be Insured**

Item No.	Desc. Of Equipment (Make/Model)	Y.O.M	Serial No.	Sum Insured	Portable / Non-Portable





## MACHINERY LOSS OF PROFITS

Is this Cover required?  Yes  No

### Summary of Cover;

Cover is provided for the amount of loss of profits due to business interruption caused by an accident indemnifiable under the Machinery Breakdown insurance cover.

Please state Indemnity Period required (months)

Total Sum Insured for Indemnity Period selected

## FIDELITY GUARANTEE

Is this Cover required?  Yes  No

### Summary of Cover;

Cover is provided for the loss of money belonging to the Insured or for which he is legally responsible as the direct result of any act of fraud or dishonesty committed by any employees.

Please state number of Employees handling cash.

Please state number of All Other Employees

Please state Limit of Indemnity required (per person)

## GLASS

Is this Cover required?  Yes  No

### Summary of Cover;

Provides cover if any of the Glass at the Premises shall during the Period of Insurance be broken from any cause not herein excepted, we will

- replace the broken glass with glass of similar quality or at its option pay you the value of the glass broken at the price current at the date of breakage;
- pay the reasonable cost of any necessary temporary boarding up pending replacement of the broken glass.

### Please state sums to be insured:

	Type & Sum Insured
Fixed glass in windows doors fanlights and skylights	
Sanitaryware	
Mirrors tabletops and other fixed glass on furniture etc.	
Cost of lettering and decoration	
Illuminated signs /neon signs	

## TRAVEL OPEN COVER

Is this Cover required?  Yes  No

### Summary of Cover;

This section covers you and/or your employees who resides in Malta, while travelling outside Malta for conventional non-working holidays or business trips which do not involve manual work. It pays for emergency medical expenses and loss of luggage as well as costs if you have to cancel or abandon your trip mainly due to death, bodily injury or illness. There are 3 options of cover: Low cost, Economy and Club and each have different limits and other benefits as shown below.

Cover Required  Low Cost  Economy  Club

Travel Destination  Area 1  Area 2  Area 3

Is winter sports required?  Yes  No

### Name and Surname of Insured Persons

Name	Surname	ID/Passport Number

1. How many trips are taken in a year?

2. What is the average length of a trip?

3. Do any of the participants suffer from any medical conditions?  Yes  No  
If Yes, please give details

4. Have any of the applicants suffered any injury or sustained any loss or damage whilst traveling in the last 3 years?  
 Yes  No  
If Yes, please give details

5. What is the purpose of this trip:

- Private and Pleasure Purposes
- Business Purposes
- Studying Abroad
- Other

6. Will any of the applicants intend to be involved in manual work of any kind?  
If yes please give details

**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.**

**The duration of any one trip is limited to a maximum period of 180 days Worldwide**

## IMPORTANT

**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 both you and we agree otherwise this contract 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 Middlesea plc, Middle Sea House, Floriana FRN 1442 or via e-mail on [compofficer@middlesea.com](mailto:compofficer@middlesea.com). 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.

Once the Complaints Officer receives a written complaint, it shall be fully investigated. The complaint will be acknowledged in writing within five working days of receiving it and the letter will state when you can expect a full response. This should normally be within fifteen working days unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and will inform you when we expect to provide a full response.

## 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  
First Floor  
St Calcedonius Square  
Floriana FRN1530  
Malta

Telephone: 8007 2366 or 21249245  
E-mail: [complaint.info@financialarbiter.org.mt](mailto:complaint.info@financialarbiter.org.mt)  
Website: [www.financialarbiter.org.mt](http://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.

## DATA PROTECTION PERSONAL PROCESSING CLAUSE

The Proposer is hereby informed and expressly consents, by signing this document, to the processing of the data voluntarily provided in this document, as well as of any data which might be provided to MAPFRE Middlesea Plc or "The Company" directly or through an Insurance Intermediary, and those obtained by recording telephone conversations or as a result of browsing through Internet webpages or by other means, for the enforcement of the agreement or regarding a quotation, application, or the contracting of any service or product, even after the end of the pre-contractual or contractual relation, including, if applicable, any communication or international data transfer which might be made for the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://postainsure.com/privacy-personal-data-protection-policy/>

The Proposer consents in turn to the recording of any telephone conversations with the Company regarding the insurance agreement.

MAPFRE Middlesea Plc may view the Proposer's data in files regarding the fulfilment and non-fulfilment of monetary obligations. Should the data provided pertain to physical persons other than the Proposer, the latter guarantees that he/she has obtained and has their prior consent for the communication of their data and has informed them, prior to their inclusion in this document, of the purposes of the data processing, communications, and other terms established herein and in the Additional Data Protection Information.

The Proposer declares that he/she is older than eighteen (18) years of age. Likewise, should the data provided belong to minors, as the minor's parent(s) or guardian(s), he/she expressly authorises the processing of the said data, including; if applicable, data pertaining to health, for the management of the purposes specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://postainsure.com/privacy-personal-data-protection-policy/>

The Proposer guarantees the accuracy and truthfulness of the personal data, including sensitive personal data provided, undertaking to keep them duly updated and to notify MAPFRE Middlesea Plc of any changes in them.

### Basic data protection information

<b>Controller:</b>	MAPFRE Middlesea Plc
<b>Purposes:</b>	Management of the insurance agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with the MAPFRE Group, and delivery of information and advertising on MAPFRE Group products and services.
<b>Standing:</b>	Execution of the project.
<b>Recipients:</b>	Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.
<b>Rights:</b>	You can exercise your rights of access, rectification, removal, limitation, objection, and transferability, specified in the Additional Data Protection Information
<b>Additional Information:</b>	You can view the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <a href="https://postainsure.com/privacy-personal-data-protection-policy/">https://postainsure.com/privacy-personal-data-protection-policy/</a>

Check this box if you object to the processing and communication of your personal data by MAPFRE Middlesea Plc for the delivery of information and advertising of the Company products and services, of the various MAPFRE Group companies, and of Third party companies with which any MAPFRE Group company has entered partnership agreements. If you do so, we will be unable to inform you of any discounts, gifts, promotions, and other benefits associated with the MAPFRE Group customer loyalty plans.

In any case, your consent to the treatment of your data for these purposes is revocable, and you may withdraw your consent or exercise any of the rights mentioned at any time as specified in the Additional Data Protection Information which is available from any MAPFRE Middlesea Plc Office or through <https://postainsure.com/privacy-personal-data-protection-policy/>

### PROFESSIONAL SECRECY

I consent on my behalf and on behalf of any other person specified in this form (others), that the Company or any other member of the Group may exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the purpose of administering my insurance proposal and policy, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics. I also authorise (on my own behalf and on behalf of others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and / or other insurance companies and intermediaries. In doing so we will ensure that this communication is carried out confidentially and within the terms of the Professional Secrecy Act, 1994

**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 Middlesea p.l.c [us] . I undertake to notify MAPFRE Middlesea p.l.c of any change in the information subsequent to the submitting of this proposal form. I am satisfied with the way the proposal form has been completed and if it has been completed by an employee and / or authorised intermediary on my behalf such person, shall, for that purpose, be regarded as my / our agent. I understand that in the event of a finding of incomplete and/or non-disclosure of material information, MAPFRE Middlesea 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 acknowledge that a material fact is one which is likely to influence MAPFRE Middlesea p.l.c in the best assessment and acceptance of the proposal form. If in doubt as to whether a fact is material then it should be disclosed. 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. I hereby agree that I have read the policy and am bound by the terms, conditions, limitations and exclusions of the said policy.

**Before signing this document, please read the basic data protection information given in the PERSONAL DATA PROCESSING clause. By signing this document, you consent to the processing of your personal data, including sensitive personal data in the terms and conditions stipulated in said clause.**

Period of insurance required	
Signature of applicant	Date
Intermediary	

COM: MMS160823  
REF: POCOMF-V2.0-010124

Postalinsure Agency Limited (C-5655) is enrolled under the Insurance Distribution Act to act as an Insurance Agent for MAPFRE Middlesea p.l.c. (MMS). MMS (C-5553) is authorised by the Malta Financial Services Authority (MFSA) under the Insurance Business Act. Both entities are regulated by the MFSA.