

HOME INSURANCE - PROPOSAL FORM

You are under a duty to disclose all facts that are likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy.

The insurance cover you have selected will not be in force until this proposal has been accepted by the Insurance Company you select to insure your home.

Preferred start date of policy

PERSONAL DETAILS

Title Name Surname

Date of birth ID/Passport No.

Occupation

Place of work

Address
 (including postcode)

Landline No. Mobile No.

Email address Fax. No.

Preferred contact method Landline Mobile Email

Preferred calling time

HOME DETAILS

Address of the residence to be insured
 (including postcode)

The residence to be insured is a Flat Maisonette Terraced House Villa Bungalow

The residence to be insured is Detached Semi-detached

The residence to be insured is Occupied Unoccupied

Specify for how long the property has been un/occupied

You are the Owner Occupier Tenant

Is the policy required for bank-loan purposes? Yes No

Specify the cost of rebuilding and refinishing building/s as new
 (including permanent fixtures and fittings, apertures, fitted kitchens and bathrooms)

Specify the replacing value of contents of your home with new items

What is the total amount of valuables in your home included above?
 (Valuables normally consist of stamp and other collections, curios, pictures, or other works of art or articles in gold, silverware or other precious metal, other jewellery or furs).

If there are any valuables worth singularly € 1,000 or more, please specify the most valuable item and its monetary value:

Item Value

If you would like to cover jewellery, gold, silverware, watches, photographic equipment, binoculars, fur items and other valuable possessions outside the property being proposed for insurance cover, please specify:

Value of possessions: *(if the space below isn't enough, please continue on a separate sheet)*

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Area of cover:

- Maltese Islands
 Europe
 World-wide

Describe any accidents (which may or may not have resulted in claims) which occurred over the last 5 years *(Please include the date and cost of the accidents).*

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Is the home protected by means of an intruder alarm? Yes No

Please tick any optional extensions you would like to add to your cover:

- Accidental damage to buildings Accidental Damage to contents
 Sports equipment Money and Credit Cards
 Personal Accident outside the property
 Others, please specify:

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DISCLOSURE

The insurance will not be valid if you know of any fact which might affect the way the insurer assesses the proposal or affects whether the insurer accepts it, and you do not tell us about it.

Some or all the information you supply in connection with this insurance will be held by the company and may be passed to other Insurance Companies and Insurance Associations for underwriting and claim handling purposes.

I declare that to the best of my knowledge and belief, the statements made by me are true and complete and that nothing materially affecting the risk has been concealed by me. I agree that this proposal form shall be incorporated in and taken as the basis of the proposed contract between me and the Insurance Company selected.

APPOINTMENT & CONSENT

This confirms that with immediate effect I have appointed FirstUnited Insurance Brokers Ltd to act as my Insurance Broker within the scope of the Insurance Brokers and Other Intermediaries Act (Act XII of 2006).

The submission of this form does not bind you to complete the insurance and this insurance will not commence until this proposal has been accepted by the Insurance Company or Insurance Agent with whom such business has been placed, following your acceptance of the premium quoted and consent to proceed.

Accordingly, I authorise you to insure this property with any Insurance Company or Agency duly authorised to write such business. I also request that you assist me in the placement and ensuing administration of the insurance cover(s) and of any valid claim(s) that I may lodge in the course of your appointment.

I request that any insurance supplier provides you with assistance and information as may be required, including information of any claims notified before or after this appointment. I also authorise you to collect outstanding claim proceeds due to me. In addition, this appointment provides my consent for the processing of personal or corporate data by FirstUnited Insurance Brokers Ltd. or its authorised personnel, or any authorised insurer or insurance intermediary or surveyor or loss adjuster provided that this processing complies with the Data Protection Act 2001.

I authorise you to keep me informed by mail or by other electronic means, of your products and services, which you consider might be of interest to me. Should I wish to revoke this consent I will inform you accordingly. This appointment will remain valid until I advise you otherwise.

I confirm that I have read and that I agree to the Disclosure and the Appointment & Consent declarations.

Signature

Date

FirstUnited Insurance Brokers Ltd., 25 Villa Eden, Princess Elizabeth Street, Ta' Xbiex, XBX1103, Malta.