

COMPLETE IN INK IN BLOCK CAPITALS.

You & Your Home

Title _____ Name & Surname _____

I.D. Card No./ Passport No. _____

Postal Address _____

_____ Post Code _____

Date of Birth _____ Marital Status _____

Employment Status _____ Main Occupation _____

Employers Business _____ Secondary Occupation (if any) _____

Contact Numbers Home _____ Work _____

Mobile _____ Email Address _____

Period of Insurance From _____ To _____

This Insurance does not come into force until your proposal has been accepted by the Company and the Premium Payment Condition No.9 complied with.

Is your Home used to host lodgers or students Yes No

If yes please give full details:

Part A & B – Buildings

This Section covers the Buildings of your home specified in the schedule, constructed of brick, stone or concrete and the external surface of the roof constructed of slates, tiles, concrete, asphalt or of any entirely incombustible mineral ingredients. Also covered are the interior decorations and the fixtures and fittings within the Buildings. The domestic outbuildings, garages, domestic fixed fuel oil tanks, service tanks, swimming pools, tennis courts, walls, gates, fences, hedges, terraces, drives, footpaths, garden statues & ornaments, and all pipes, drains and cables serving the buildings. Restricted cover shall apply to trees, shrubs, plants and the like or any outdoor fixture, fitting, garden statue or ornament.

(a) Address of Property to be Insured if different from the above:

(b) Is your Home a:

- Maisonette Bungalow Flat Detached
Semi Detached Terraced Other*
- Owner Occupied Rented furnished Rented Unfurnished Other*

If you have ticked other* for any of the questions above please give full details:

(c) Is your Home for which insurance is required : - *Please tick the appropriate*

- Built of brick, stone or concrete with concrete roof? Yes No
- Self contained having its own separate, lockable front door? Yes No
- **Protected by a professionally installed burglar alarm with a current annual maintenance contract*** Yes No

If Yes please specify the type of alarm installed, the name of the installing firm, name of firm you have maintenance contract with and the date the system was installed

*Please note that should you wish to accept the discount given for an alarm, this security will become a Warranty as specified in No. 4 of Part G of the Policy

- Occupied solely by you and your family as a permanent residence? Yes No
- Used as a private residence only and no form of business is carried out? Yes No
- In a good state of repair and will be so maintained Yes No

If you have replied No to any of the above please give full details:

(d) Is your home located in area which is exposed to flooding/water damage Yes No

(e) Will your home be left unoccupied from more than 30 consecutive days? Yes No

If yes please give full details

(f) Have you or any member of your family who reside with you permanently:

- Ever sustained any loss or damage, injury or liability in the last 5 years? Yes No
- Ever had a proposal for insurance declined, renewal refused, cover terminated, increased premium, or had special conditions imposed? Yes No
- Ever been convicted (or charged but not yet tried) with arson or any offence involving dishonesty of any kind, e.g. fraud, theft or handling stolen goods? Yes No

(g) Calculate the full cost of rebuilding your home and enter the amount here:

(Remember you must insure for the full cost of rebuilding, this is to include foundations, finishing plus an allowance for both architects' and surveyors fees and removal of debris. In the event that your Home is part of a block of apartments your Sum Insured is to include your proportionate share of the common parts. Excluding the value of land. (Your buildings sum insured is not to be the market value)

(h) Please give the name and address of any mortgagee or other interested party:

Part C - Optional Extensions to the Buildings

Please tick what additional sections you would like to include:

(These additional extensions will only be operative if the Schedule shows that these extensions have been chosen and the relative additional premium paid)

- A Accidental Damage to Buildings
- B Repair of sewer
- C Damage to the grounds by the emergency services
- D Replacement of Keys
- E Modifications to your buildings as a result of paraplegia or quadriplegia

Part D & E - Contents

The Contents Section will cover your household goods, fixtures and fittings (including radio and television aerials, satellite dishes, their fittings and masts that are attached to the buildings), clothing, personal effects, jewellery, sports equipment, pedal cycles, cash, bank notes, postal and money orders and travellers cheques (but excluding securities) belonging only to you or to members of your family normally residing with you or for which

you are responsible including property of resident Domestic Employees whilst in your Home, the address of the buildings specified in the Schedule for the amount shown.

- (a) Calculate the current replacement cost of ALL your household possessions:

(Remember you must insure for the total cost of replacement as new of all contents except for clothing, household linen and pedal cycles)

Amount to be insured

- (b) Does the total value of curios, pictures or other works of art, stamp, coin or bank note collections, articles of gold, silver, or other precious metal, jewellery or furs exceed one-third of the Amount Insured under Contents and/or € 20,000.

Yes No

If yes please state total value

- (c) Please specify any articles (not being furniture, household appliances, radio and television sets) of greater Value than € 1,165 or 5% of the amount insured on contents, whichever is the less:

| Article | Value |
|---------|-------|
| | |
| | |
| | |
| | |

Part F Optional Extensions to the Contents

Please tick what additional sections you would like to include:

(These additional extensions will only be operative if the Schedule shows that these extensions have been chosen and the relative additional premium paid)

A* Accidental Damage to Contents

Yes No

| Name of Person/s | D.O.B. | Full Details of All Occupations and Past Times/Hobbies | Height | Weight |
|------------------|--------|--|--------|--------|
| You: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

J* Domestic Pets: Cats & Dogs

| | |
|-----------------------|--|
| Breed | |
| Year of Birth | |
| Purchase Price | |

Did your pet ever have or is presently suffering from any illness and/or injury and/or ever been involved in an accident

Yes No

If yes please give full details:

Has your pet ever been stolen or lost

Yes No

At what intervals do you take your pet for checkups at the veterinarian _____

K Garden Cover

Yes No

L* Full Theft Cover

Yes No

Sum Insured

€ _____

***N.B. – Optional Extensions A, C, D, I, J and L can only be purchased if both Buildings and Contents Sections have been purchased.**

Part G – Conditions/Warranties/Special Endorsements

1. Voluntary Excess Yes No
VE 1 – the amounts shown shall be increased by Lm50 Yes No
VE 2 – the amounts shown shall be increased by Lm100 Yes No
2. Lien Clause Yes No
3. Alarm Clause Yes No
4. Safe Clause Yes No

Details of Safe

| | |
|-------------------------|--|
| Make & Model | |
| Date Installed | |
| Type of Safe | |

5. Extension to unoccupancy period Yes No
6. Buildings under construction Yes No
7. Jewellery overhaul clause Yes No

Non Disclosure Warning - Please note that you are under duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts or if in doubt refer to Thomas Smith Insurance Agency Ltd.

It is recommended that you keep a copy of this proposal and any information supplied in connection with it for future reference. A photocopy will be supplied upon request.

Declaration Very Important

When completing the application, you should disclose any facts which may influence the assessment and acceptance of this insurance. If you are in any doubt as to whether certain facts are relevant, please ask your insurance broker or GasanMamo Insurance office. Failure to disclose all relevant facts may invalidate your policy or may result in the policy not operating fully.

I/we have read, or have had read over to me/us, the contents of this completed proposal and I/we declare that the information given in it is, to the best of my/our knowledge and belief, correct and complete.

You should keep a written record (including copies of letters) of any information you give to us or to your broker or agent when entering into this contract of insurance.

Professional Secrecy Act

Information on this form or on any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of Insurance fraud. Signature of this Proposal Form confirms that your consent to this fact-sharing exercise.

Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act, 1994.

TOGETHER WE CAN FIGHT FRAUD

I/We declare that the information given in this proposal is to the best of my /our knowledge correct and complete in every detail. Further, I/We agree that if my answer has been written by any other person on my behalf, such person shall for that purpose be regarded as my/our agent and not the Agent of Thomas Smith Insurance Agency Ltd. When completing this application, you should disclose any fact which may influence the acceptance of the risk.

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We maybe required to collect further information from our sub-agents, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from Thomas Smith Insurance Agency Ltd. Moreover, were hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided below. You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, Thomas Smith Insurance Agency Ltd. 12, St. Christopher Street, Valletta VLT1468.

Signature of Applicant _____

Date _____