

Home4Loan

your all round protection



Citadel Insurance p.l.c.		Branches	
Haż-Zebbug	21 46 4873	Iż-Zejtun	2180 7779
Iġ-Ġzira	21 33 21 51	Paola	2180 6247
In-Naxxar	21 41 91 98	San Gwann	2733 0044
Ih-Mosta	21 43 8880	Victoria, Gozo	2156 6660

Home4Loan Proposal Form 11/18

 Floriana | 2557 9000 - Freephone | 800 72322  info@citadelplc.com  citadelplc.com
Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.

insurance proposal form

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

THE PROPOSER

Name:		Place of Birth:
Postal Address:		Country of Residence:
Tel. No:	Mobile:	E-mail:
Date of Birth:	I.D. No/Passport No:	Occupation/Profession:

BUILDINGS

In the event of claims arising under this section we will pay the full cost of repair or reinstatement as new provided such has been incurred. A deduction in your claim may be made for deterioration if the buildings are not in a good state of repair.

1. Address of buildings if different from above.
2. What is the full rebuilding cost of the buildings? (including permanent finishes & fixtures, fitted kitchen, fitted furniture and built-in appliances) €
Period of Insurance from <input type="text"/> / <input type="text"/> / <input type="text"/> to <input type="text"/> / <input type="text"/> / <input type="text"/>

GENERAL INFORMATION

1. Have you ever been insured? If so state name of insurer and reason for wanting to change insurer.	2. Have you ever had a proposal for home insurance, or a renewal of a policy, declined or a policy cancelled? If so, give details.
3. Have you ever had any accidents or losses in respect of the property to be insured or any other property? If so, give particulars.	4. Is the building in a finished state? Yes <input type="checkbox"/> No <input type="checkbox"/> If not (a) when is it expected to be finished? (b) when is it expected to be occupied?
5. Are any structural alterations being carried out or planned in the near future on these premises? (such structural alterations would whenever undertaken during the period of insurance need to be advised to the Company) If yes, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Please provide details regarding occupancy of adjoining/adjacent properties.	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Are the buildings in a good state of repair? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, please give details.	8. Is any profession, business or manufacture carried on in any part of the premises? If so, please give details. Yes <input type="checkbox"/> No <input type="checkbox"/>
9. Is any hazardous activity undertaken on your premises such as the manufacture, storage, filling or breaking down of: (i) Explosives (including fireworks and ammunition) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii) Gas and/or air under pressure (other than normal household gas) Yes <input type="checkbox"/> No <input type="checkbox"/> (iii) Hazardous chemicals Yes <input type="checkbox"/> No <input type="checkbox"/>	
10. Is there a fireplace installed in your Home? If yes, please state type of fuel used.	Yes <input type="checkbox"/> No <input type="checkbox"/>
11. State type of fire extinguishing equipment installed in your Home:	
12. Is your Home a: Detached Villa <input type="checkbox"/> Semi-detached Villa <input type="checkbox"/> Bungalow <input type="checkbox"/> Maisonette <input type="checkbox"/> Terraced House <input type="checkbox"/> Flat <input type="checkbox"/>	
13. Does it have its own separate entrance door? Yes <input type="checkbox"/> No <input type="checkbox"/>	14. Is your Home occupied solely by your family? If not, please give details. Yes <input type="checkbox"/> No <input type="checkbox"/>
15. Is your Home left unoccupied for more than 90 consecutive days, during any one calendar year? If so, please give details.	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Have you ever been convicted or are you currently being prosecuted for any criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>

DATA PROTECTION NOTICE

The controller of your data is Citadel Insurance p.l.c. and its subsidiaries ("the Company"). Should you have any queries, you may contact us by:

Telephone: (+356) 2557 9000 E-mail: dpadmin@citadelplc.com

Post: Casa Borgo, 26, Market Street, Floriana FRN 1082

If you wish to address the Company's Data Protection Officer directly, you may do so by:

Telephone: (+356) 2759 5000 (ext: 601) E-mail: dpo@citadelplc.com

Post: DPO, 170 Pater House, Psaila Street, B'Kara BKR 9077

PURPOSES AND LEGAL BASES FOR PROCESSING

The personal data provided about you on this proposal form or subsequently, whether in writing or orally, is necessary to perform the contract of insurance and/or to take steps at your request prior to entering into the contract. The Company may process such data to assess risk, underwrite and issue present and future contracts of insurance, collect premiums, assess and respond to your queries, and transfer data to and receive data from other insurance and reinsurance companies to underwrite your contract of insurance. The Company may process your data to carry out due diligence, where necessary, and to prevent, detect, suppress and/or report insurance fraud or any other criminal activity, as required by law. The Company may also process your data to establish, exercise and/or defend itself in legal action, to carry out research and compile statistics, perform actuarial science, and to protect its data systems, thus protecting its legitimate interests.

RECIPIENTS OF THE DATA

Your personal data will be received by the Company, or an intermediary on the Company's behalf, and it may be disclosed or shared, **only as is strictly necessary in accordance with the purposes outlined above**, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, vehicle history and valuation databases, the Malta Insurance Association and other insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose your data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law. The transfers of personal data to third parties located outside the EEA and countries of equivalent level of data protection on a regular basis will only be carried out under appropriate safeguards or in emergency cases using a derogation as specified in the GDPR.

DATA RECEIVED FROM OTHER SOURCES

The Company may receive personal data about you, such as identifying information, information regarding your insurance history, financial details, and medical information, from third party sources, such as the recipients listed above or from others, such as the ETARS traffic accident database and public government websites. The data is collected for the purposes outlined above. The Company may also record telephone conversations for training, security and quality control purposes. CCTV cameras are in use throughout the Company's premises.

RETENTION PERIOD

The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. If the Company does not provide you a quote on your proposal, or provides you a quote which you do not accept, the Company will store the data provided by you for five (5) years. If a policy is issued, further information on retention periods will be provided in your policy document.

YOU HAVE THE RIGHT TO

- Acquire access to your data, including confirmation from the controller as to whether data about you is being processed and to receive further information about that processing;
- Amend inaccurate personal data;
- Request the erasure of data processed about you, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected, and is no longer necessary for regulatory compliance or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on your data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by you in a structured, commonly used and machine-readable format or to request that such data be transferred in such format to another data controller;
- Withdraw your consent to processing that is based on your consent, such as direct marketing;
- Lodge a complaint with the competent supervisory authority in Malta (IDPC), which can be made on their website <https://idpc.org.mt>;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to your specific situation. You may, at all times, object to direct marketing.

Should you wish to exercise any of your rights, you may do so by contacting us, our DPO, or by visiting our website.

IMPORTANT INFORMATION

The information that you provide is necessary for the performance of your contract of insurance, or to take steps at your request prior to entering into a contract. Failure to provide the Company with information as necessary throughout the lifetime of your policy might render the Company unable to fulfil its obligations under your contract.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is partially made by automated means. However, all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If you are acquiring a quote or an insurance policy through an insurance broker, such broker may be considered a joint controller.

If a policy is issued, a more detailed Data Protection Notice will be provided in your policy document. It is also available on our website.

DECLARATION

I/We declare that the information given in the Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/We agree that if my/ours answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. I/We further declare that no material fact has been withheld and I/We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. **A material fact is one which is likely to influence Citadel insurance p.l.c. in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. I/We understand that the cover under the policy will not be operative until proposal Form has been accepted by Citadel Insurance p.l.c. the relative premium has been paid and received by Citadel insurance p.l.c. By signing this form, you confirm that you have brought this Data Protection Notice to the attention of all other persons specified in this form.

IMPORTANT NOTES

1. You are advised to keep a copy of this Proposal Form for your records.
2. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
3. We will provide you with a copy of the completed Proposal form when ever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
4. The Company is bound by the professional Secrecy Act, 1994 with respect to information furnished by you to Citadel insurance p.l.c. in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

I/We have read and understood the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights. If there is more than one proposer, then all persons must sign.

KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes No

Please specify the format in which you prefer your copy of the Policy Document

Electronic Hard Copy

Name and Surname of Proposer(s) (BLOCK LETTERS)

Signature of Proposer(s)

Date: / /

ID Card: _____

Name and Surname of Intermediary