

# SME Insurance

YOUR WORLD | OUR COVER



INSURANCE PROPOSAL FORM

## WHY CHOOSE THE SME POLICY

Running a business of any size and volume requires capital and expertise.

Insurance protection is always a major consideration for any entrepreneur to ensure the smooth running of one's operation.

It is important however that protection is in line with the risks which the business may face and that this is arranged in the most efficient, compact and economical manner possible.

Our SME Policy has been tailor-made for these necessities and provides the advantage that:

- standard cover deals broadly with the protection of:
  - your property on an 'All Risks' basis
  - your profit; (which may be lost as a consequence of damage to your property)
  - your responsibilities, of a legal nature, to your employees and members of the public
  - electrical / mechanical breakdown
- numerous optional extensions are available which will then enable you to 'tailor' the policy to your specific requirements
- there is no overlapping between sections which can happen when you have different Policies, therefore there is less chance of a gap in cover which could result in a costly and uninsured loss
- once cover is in place it is ONE policy, ONE renewal date and ONE premium that you are concerned with

## SUMMARY OF COVER PROVIDED

The SME policy is designed to provide cover for a wide range of risks and liabilities.

The cover is available in six separate Sections. Section A must be taken at all times and then one or more of the other Sections can be opted for according to the required cover.

There are conditions, limitations, exclusions and excesses within the policy wording copy of which will be provided on request.

### Section A – Property

#### Cover

- Cover for buildings, stock in trade, fixtures and fittings, machinery, other trade contents, safes, glass and loss of rent.

#### Additional extensions included

### Sections D – Legal Liabilities

#### Cover

- Public Liability (subject to applicable limit)
- Employers Liability (subject to applicable limit)

### Section B – Loss of Income

#### Cover

- Cover for loss of income and additional expenses for a maximum indemnity period of 12 months

#### Additional extensions included

### Section E – Electronic Equipment

#### Cover

- Cover for unforeseen physical loss or damage to the electronic equipment from any cause other than those specifically excluded occurring at the premises used by the Insured for carrying out their business.

### Section C – Money

#### Cover

- money on premises out of business hours not in safe (subject to applicable limit)
- money on premises out of business hours in safe (subject to applicable limit)
- money at the private dwelling of the insured or his employees (subject to applicable limit)
- money on premises during business hours or in a bank night safe (subject to applicable limit)
- money in transit (subject to applicable limit)
- crossed cheques, money orders etc. (subject to applicable limit)

#### Note

- Money includes cash, cheques, credit card sales vouchers, unused postage stamps, gift tokens and all phonecards, including mobile phone top-up vouchers and/or starter packs.

### Section F – Machinery Breakdown

#### Cover

- Cover for unforeseen and sudden physical loss or damage to machinery from causes such as defects in casting and material, faulty design, faults at workshop or in erection, bad workmanship, lack of skill, carelessness, shortage or water in boilers, physical explosion, tearing apart on account of centrifugal force, short circuit, storm, or from any other cause not specifically excluded.

#### Additional covers are available on request

## THE PROPOSER

Name of Proposer (in full):

Client Account No.:

Company Name:

Co Reg No:

VAT No:

Address:

Telephone:

Mobile:

Email Address:

Proposer's Occupation:

Type of Business:

Period of insurance required:

From:

To:

## THE PREMISES

1. Address of premises to be insured:

2. When were the buildings constructed:

3. What is the construction of:

a) External walls

b) Roof

c) Floors

4. Is there a basement or cellar in any part of the premises?  
If so please give details:

Yes  No

5. What is the occupation of all adjacent premises?

6. How long have you been in the business?

a) At these premises?

b) Elsewhere?

7. a) When was the electrical installation effected on the premises?

b) Please indicate the date of the last inspection by a qualified electrician.

8. Are the buildings in a good state of repair?

## THE BUSINESS

9. a) What business or trade do you carry on at the premises?

b) Does the business or trade carried out at the premises involve risks with hazardous activities or operations?

c) Does the business or trade carried out at the premises involve risks with abnormal presence of hazardous goods?

d) Do you manufacture, store, fill or break down or transport

i) explosives

Yes  No

ii) gas and/or air under pressure (other than normal household gas)

Yes  No

iii) hazardous chemicals

Yes  No

10. a) Please give full details of the stock kept on the premises.

b) Please provide details of how stocks are stored on the premises.

c) Does your stock include the following:

i) Tobacco, cigars, cigarettes

Yes  No  Amount

€

ii) Wines and Spirits

€

iii) Gold, silver or jewellery

€

iv) Furs or silk

€

v) Computers and electrical equipment

€

vi) Photographic equipment

€

vii) Telecommunications equipment and mobile phones

€

d) What is the maximum value of any one single article?

11. What manufacturing processes (if any) are carried out at the premises?

## PROTECTION

12. State number of doors leading to the premises:

13. Please indicate the type of security devices protecting the external doors providing access to the premises:

a) Roller shutters

Yes  No

b) Concertina type shutters

c) Solid wooden shutters or doors

d) Steel doors

e) Metal grills

f) Specify any other security device \_\_\_\_\_

14. State number of windows leading to the exterior:

15. Please indicate the type of security devices protecting the windows:

a) Roller Shutters

Yes  No

b) Concertina type shutters

c) Solid wooden shutters

d) Steel panelled windows

e) Fixed metal grills / bars

f) Specify any other security device \_\_\_\_\_

16. a) Are the premises monitored by a functioning burglar alarm system whenever they are unoccupied?

b) Is a maintenance contract in force? If so, with whom?

c) Is the burglar alarm system connected to yourself and/or police by means of an auto dialer?

17. a) What type of fire extinguishing appliances are there on the premises?

b) Number of appliances:

c) How often and by whom are they serviced?

18. Please specify the type of lightning protection devices installed at the premises to protect the equipment and machinery:

19. Do you have a safe installed?

If so, give details of its make, model, year of manufacture, how it is fixed and its external dimensions:

Yes  No

20. a) Are accounting records maintained in accordance with generally accepted account principles?

b) Is a formal stock inventory system maintained?

c) Are copies of such records kept in alternative premises other than the insured premises?

#### ADDITIONAL INFORMATION

21. Has any of your property, during the last three years, been destroyed or damaged by any of the risks against which you now wish to insure?  
If so, give details:

Yes  No

22. Have you or any of your partners (if applicable) ever sustained loss damage or injury or made a claim within the last three years in respect of any of the risks against which you now wish to insure? If so, give details:

Yes  No

23. Were you previously insured?  
If so, state name of insurers:

Yes  No

24. Are there any other insurances in force in respect of any of the risks against which you now wish to insure?  
If so, please provide details of such insurances and state names of insurers:

Yes  No

25. Have you ever had a proposal for any insurance declined, renewal for a policy refused or a policy cancelled?  
If so, full details must be supplied:

Yes  No

26. Are there any circumstances not otherwise disclosed in answers to questions in this proposal form which would be material to risk sought to be insured under this proposed insurance? If so, full details must be supplied:

Yes  No

27. Have you and/or your partners been prosecuted or convicted of any offence or is any such prosecution pending?  
If so, full details must be supplied:

Yes  No

28. Specification to Section E - Electronic Equipment

DESCRIPTION OF ITEMS TO BE INSURED	REPLACEMENT VALUE

29. Specification to Section F - Machinery Breakdown

DESCRIPTION OF ITEMS TO BE INSURED	YEAR OF MANUFACTURE	REPLACEMENT VALUE

**ADDITIONAL CLAUSES**

30. Do you wish to extend your insurance to include the following additional clauses:

a) Additional Clause C1 - Refrigerated Stock

Yes  No

Please specify the following:

DESCRIPTION OF UNITS	AGE	MAXIMUM VALUE OF CONTENTS
i)		
ii)		
iii)		
iv)		
v)		

b) Additional Clause C2 - Goods in Transit

Yes  No

Please specify the following:

TYPE/MODEL OF VEHICLE	REG. NO.	MAXIMUM VALUE OF GOODS CARRIED
i)		
ii)		
iii)		
iv)		
v)		

**LONG TERM AGREEMENT**

In consideration of the Insurers agreeing to allow a discount of 5/7.5 percent off the net premium, I/we hereby undertake to offer annually for 3/5 years the insurance under this proposal on the terms and conditions in force at the expiry of each period of insurance and to pay the premium thereon annually in advance.

It is understood that:

- a) The Insurers shall be under no obligation to accept an offer made in accordance with this undertaking.
- b) The sum insured may be adjusted at any time to correspond with any amendment in value.
- c) Long term agreement:      3 years       5 years

This undertaking shall apply to any policy which may be issued by the insurers within the said period of years in substitution for the original policy and the same discount of 5/7.5 percent shall be allowed off the net premium of any substituted policy (or policies) issued by the insurers as aforesaid.

Furthermore I/we undertake that in the event of a breach of this undertaking, I/we shall refund the Insurers the above mentioned discount in respect of each year during which this discount has been allowed.

**OTHER OPTIONS**

Do you require:

Life Insurance     Motor Insurance     Marine Insurance     Personal Accident     Home Insurance     Health Insurance     Keyman Insurance   
(Loan Protection/Group) (Individual/Group)

SUMS INSURED/LIMITS					
SECTION A - PROPERTY	SUM INSURED (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
1. Buildings (full replacement value) including debris removal costs:					
2. Trade contents					
• Stock in trade:					
• Fixtures and fittings:					
• Plant and machinery:					
• All other trade contents:					
3. Safes, strongrooms, cash registers, tills or security cases and postal franking machines:					
4. Fixed glass (Please state total amount to be insured):					
5. Twelve months rent					
<b>TOTALS:</b>					
SECTION B - LOSS OF INCOME	SUM INSURED (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
1. Estimated Annual Gross profit/Loss of revenue:					
2. Professional accountants fees:					
<b>TOTALS:</b>				<b>TOTAL SUM INSURED:</b>	
SECTION C - MONEY	LIMIT (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
1. Money on Premises outside business hours					
a) contained in a closed and locked safe					
b) not contained in a locked safe					
2. At the private dwelling of the insured or an authorised employee					
3. On premises during business hours or in a bank night safe.					
4. In transit					
Estimate annual carryings:					
Do you require cover for personal assault cover? (Limit as specified under the relative section of the policy)					Yes <input type="checkbox"/> No <input type="checkbox"/>
Are references obtained for all employees handling cash?					Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION D - LEGAL LIABILITIES	LIMIT (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
1. i) Public liability - Please state limit of indemnity required:					
Do you require cover for work away: Yes <input type="checkbox"/> No <input type="checkbox"/>		Cross liabilities: Yes <input type="checkbox"/> No <input type="checkbox"/>		Food & Drink: Yes <input type="checkbox"/> No <input type="checkbox"/>	Rented or Leased Premises: Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Employers liability:	<b>ESTIMATED ANNUAL WAGE ROLL</b>	<b>RATE (%)</b>	<b>PREMIUM (€)</b>	<b>EXCESS (€)</b>	<b>NOTES</b>
a) Management/Clerical Employees:					
b) All other employees:					
Do you wish to extend this insurance to include injury benefits subject to a 6 day excess? (Additional Clause C3):					Yes <input type="checkbox"/> No <input type="checkbox"/>
SECTION E - ELECTRONIC EQUIPMENT	SUM INSURED (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
Non Portable					
Portable					
SECTION F - MACHINERY BREAKDOWN	SUM INSURED (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
ADDITIONAL CLAUSES	ESTIMATED ANNUAL WAGE ROLL	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
C1 Refrigerated Stock:					
C2 Goods in Transit:					
C3 Inclusions of Injury Benefits:					
				<b>EXD:</b>	
PREMIUM	SUM INSURED (€)	RATE (%)	PREMIUM (€)	EXCESS (€)	NOTES
Annual Premium: (all applicable sections)					
First Premium:					
Less Long Term Agreement Discount: <input type="checkbox"/> 5 yrs <input type="checkbox"/> 3 yrs					
Document Duty:					
Policy Fee:					
Amount Due:					
				<b>EXD:</b>	

## 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      email: 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      email: 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 whenever 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 agreed to 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

# SME Insurance


YOUR WORLD | OUR COVER

## INSURANCE PROPOSAL FORM

### Citadel Insurance p.l.c. *Branches:*

Birkirkara	2148 0545	Il-Mosta	2143 8880	Ta' Xbiex	2133 6911
Haż-Żebbuġ	2146 4873	Iż-Żejtun	2180 7779	Il-Mellieħa	2152 5232
In-Naxxar	2141 9198	Paola	2180 6247	Victoria, Gozo	2156 6660

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 Floriana | 2557 9000 - Freephone | 800 72322

 [info@citadelplc.com](mailto:info@citadelplc.com)

 [citadelplc.com](http://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.

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