

Home Insurance

PROPOSAL FORM



YOUR WORLD | OUR COVER



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:

Postal Address:

Tel. No:

Mobile:

E-mail:

Date of Birth:

Place of Birth:

I.D. No/Passport No:

Occupation/Profession:

Country of Residence:

Nationality:

Period of Insurance:

from:

 / /

to:

 / /

BUILDINGS - Section 1

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

1. Address of buildings to be insured 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.)

3. Is a garage included in the property to be insured?

Yes

No

CONTENTS - Section 2

The term 'Contents' includes furniture, household goods and personal effects (except any item specifically insured separately) the property of the proposer or any member of his family normally residing with him and fixtures and fittings being the property of the insured or for which he is legally responsible.

1. What is the full replacement value of the contents at the time of taking out this insurance?

2. Do you wish accidental damage cover on Your contents? This extension is only available to occupied residences.

Yes

No

3. Specify hereunder any collections, works of art or articles of gold, silver or other precious metal or jewellery, the value of which is greater than 5% of the full value of contents or €2,500 whichever is the lower amount unless specifically insured as a separate item under Personal Belongings (section 3).

(a)

(b)

(c)

(d)

(e)

4. The total value of articles of gold, silver or other precious metal or jewellery shall not exceed one-third of the value of contents. If the said value exceeds the proportion mentioned, please state the total value of such property.

PERSONAL BELONGINGS IN AND AWAY FROM YOUR HOME - Section 3

1. Specify hereunder all jewellery, articles of gold, silver or other precious metal, watches, photographic equipment, binoculars, furs, video cameras, laptops, tablets, mobile phones or other mobile electronic equipment. Please provide a receipt or valuation for all articles.

(a)

(b)

(c)

(d)

2. Sports Equipment - Please state equipment details to be insured. Sports equipment is covered up to €600.

3. Money/Credit Cards: Money is covered up to €600.

Yes

No

Credit Cards are covered up to €1,200. State details.

Yes

No

GENERAL INFORMATION

1. Have you ever been insured?
If so, state name of Insurer and reason for wanting to change insurer. Yes No
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: Yes No
3. Have you ever had any accidents or losses in respect of any of the sections to be selected?
If so, give particulars: Yes No
4. Is Your Home a detached villa/semi-detached villa/bungalow/maisonette/terraced house or flat and does it have its own separate entrance door?
5. Are the buildings in a good state of repair?
If not, give particulars: Yes No
6. Is any profession, business or manufacture carried on in any part of the premises?
If so, give particulars: Yes No
7. Is there a fireplace installed in Your Home?
If yes, please state type of fuel used: Yes No
8. State type of fire extinguishing equipment installed in Your Home.
9. Is Your Home occupied solely by Your family?
If not, please give details: Yes No
10. Is the property or any part of the property currently being rented out to third parties? Yes No
11. Is any hazardous activity undertaken on Your premises?
Your insurance does **not** cover any hazardous activity in Your home or underlying basement garage. Yes No
12. Is Your Home left unoccupied for more than 90 consecutive days, during any one calendar year?
If so, please give details: Yes No
- Note: Attention is drawn to provisos in the Policy stating that if Your Home is unoccupied for more than 90 consecutive days some of the covers become inoperative unless otherwise agreed in writing by the Company.*
13. Do you have any of the following installed in Your Home? Solar Water Heater Photovoltaic Panels System
If so, please provide us with a copy of the relevant receipt so you may qualify for Citadel's Eco Home Discount.

ECO EXTENSION

- | | |
|---|---|
| 1. What is the current value of the Photovoltaic Panels system at the time of taking out this insurance? € <input type="text"/> | 6. Specify the make and model of the Photovoltaic Panels System: |
| 2. Specify the make and model of the inverter/s: | 7. State the number of Photovoltaic Panels installed: |
| 3. What is the size of the system in KWp? | 8. By whom was the Photovoltaic Panels system installed? |
| 4. Purchase date of system: | 9. How is the Photovoltaic Panels system secured to the building? |
| 5. Where is the Photovoltaic Panels system installed? (e.g. roof) | 10. Has the MRA (Malta Resources Authority) approved the Photovoltaic Panels system? Yes <input type="checkbox"/> No <input type="checkbox"/> |

SECURITY

1. Is Your Home monitored by a functioning burglar alarm system whenever it is unoccupied? Yes No
2. Is your burglar alarm system serviced at least once a year?
If so, state by whom. Yes No
3. State the number of doors leading to the exterior and indicate the type of security device protecting these doors.
4. State the number of windows leading to the exterior (ground floor and basement only) and indicate the type of security device protecting these windows.
5. Do you have a safe installed? Yes No
If so please give details of its make, model, how is it fixed and external dimensions.

DATA PROTECTION

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
- 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 Hardcopy

NAME AND SURNAME OF PROPOSER(S) (BLOCK LETTERS): _____

SIGNATURE OF PROPOSER(S): _____

DATE: DD / MM / YYYY

ID CARD No(s): _____

NAME AND SURNAME OF INTERMEDIARY: _____

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Branches: • Birkirkara • Haż-Żebbuġ • In-Naxxar • Il-Mosta • Iż-Żejtun • Paola • Ta' Xbiex • Il-Mellieħa • Victoria, Gozo
Tied Insurance Intermediaries: • Malta • Gozo

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.