



LAFERLA

INSURANCE AGENCY LIMITED

204A, Old Bakery Street, Valletta VLT 1453 Malta
laferla.com.mt

MIDDLESEA

A MEMBER OF THE © MAPFRE GROUP

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INSURANCE PROPOSAL FORM

ALL QUESTIONS MUST BE FULLY ANSWERED

APPLICANT/S DETAILS (PLEASE USE CAPITAL LETTERS)

Title	Name & Surname of Proposer/Company name	
I.D. card no.	Date of birth	
Company reg. no.	Nationality	
Passport no.	date of issue	place of issue
Contact no.	E-mail address	
Postal address		
Business or occupation		
Address of Premises to be Insured		

1. PROPERTY AND TRADE CONTENTS <input type="checkbox"/> Yes <input type="checkbox"/> No	SUM INSURED / LIMIT OF INDEMNITY		
1. Buildings			
2. Rent <input type="text"/> months			
3. Glass			
4. Trade Contents			
(a) Stock in Trade			
(b) Plant, Machinery and Equipment			
(c) Furniture, Fixtures, Fittings and All Other Contents			
(d) Electronic, Computer and other Data Processing Equipment			
(d) Safes			
(e) Others (please specify) <input type="text"/>			
<input type="text"/>			
5. Goods in Transit			
(a) Any one vehicle			
(b) In the aggregate			

2. PUBLIC AND EMPLOYERS LIABILITY Yes No**LIMIT OF INDEMNITY****1. PUBLIC & PRODUCTS LIABILITY**

Any one claim

In the aggregate

Estimated Turnover

2. EMPLOYERS LIABILITY

Aggregate Limit

Estimated Number of Employees and Wageroll

Managerial & Clerical

All Other Employees

3. Employment and Industrial Relations Act Extension Yes No**3. LOSS OF INCOME AND LOSS OF BOOK DEBTS** Yes No**SUM INSURED / LIMIT OF INDEMNITY**

Gross Income

Increased Cost of Working

Auditors' and Accountants' Fees

Maximum Indemnity Period

months

4. MONEY AND PERSONAL ACCIDENT (ASSAULT) Yes No**4A. MONEY****LIMITS**

1. Crossed cheques, crossed postal orders, crossed money orders, crossed bankers' drafts, credit sale vouchers or receipts

€235,000

2. Money other than in 1. above when

(a) In transit or in a bank night safe and thereafter within the bank premises until at the bank's risk

(b) In your personal custody or that of any of your partners, directors or employees out of business hours

(c) Within the premises during business hours

(d) Within the premises out of business hours not contained in a locked safe

(e) Within the premises out of business hours contained in a locked safe

Estimated Annual Carryings

Details of Safe

4B. PERSONAL ACCIDENT ASSAULT Yes No**AS PER POLICY LIMITS**

5. FIDELITY GUARANTEE

Yes No

LIMIT OF INDEMNITY

Guaranteed Persons

Limit any one Guaranteed Person
Limit in the Aggregate

6. GROUP PERSONAL ACCIDENT

Yes No

LIMITS

Estimated Total Annual Wageroll of all employees
Directors, Managerial and Clerical Staff _____
All other Employees _____
Special Classes of Occupation _____

SCALE OF COMPENSATION

- 1. Death

- 2. Disablement being
 - (a) Total loss by permanent loss of all sight in or of both eyes
 - (b) Total loss by physical severance or total and permanent loss of use of one or more limbs
 - (c) Total and permanent disablement from engaging in or attending to business of any kind

- 3. Temporary total disablement from engaging in or attending to usual business

- 4. Medical Expenses
Other Additional Benefits

- Accumulation Limit

7. EQUIPMENT BREAKDOWN

Yes No

(a) Is the equipment maintained in accordance with manufacturer's instructions? Yes No

(b) Is the equipment protected by lightning and over voltage protection devices? Yes No

If "YES", please give details on type of protection

ADDITIONAL INFORMATION TO BE PROVIDED

1. Are the premises
(a) Built of brick, stone and concreted and roofed with incombustible materials?
If "NO", give details:

(b) In a good state or repair Yes No

2. Business Hours

3. Security and Protection

- (a) Outer doors on ground floor and basement Yes No
(b) Front windows on ground floor and basement Yes No
(c) Back or side windows on ground floor and basement Yes No

4. Is an alarm system installed? Yes No
If "YES", give details and state which parts of the premises are protected:

5. Do you carry out work elsewhere other than at your premises? Yes No
If "YES", please give details:

6. Have you ever had:
(a) A proposal for similar insurance or renewal of policy declined or policy cancelled? Yes No
(b) Any accidents or losses in respect of any other Section to be selected? Yes No
If "YES", please give details:

7. Will a complete record of stock received and sold be kept? Yes No

8. Comments

9. IMPORTANT

You should not sign this Proposal Form and its statements or declarations before you have read and understood them. If this document is being completed by someone else on your behalf please ensure that the details on it accurately reflect what you have said.

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held by members of the Group by directing my request to Middlesea Insurance p.l.c.

APPLICABLE LAW

Unless both you and we agree otherwise this contract shall be subject to Maltese Law and to the exclusive jurisdiction of the Maltese courts.

INSOLVENCY

In the event that we become insolvent and unable to meet our obligations under this contract, limited compensation may be available to you under the Protection and Compensation Fund Regulations, 2003.

COMPLAINTS

We are committed to providing good quality services. We recognize however that clients may not be satisfied with the service provided. To deal with this we have a complaints procedure. For the sake of clarification a complaint is broadly defined as being a written expression of dissatisfaction with services that we provide or actions we have taken that require a response. We distinguish complaints from queries. Queries are challenges to specific decisions in specific circumstances.

HOW TO COMPLAIN

STEP 1 – CONTACTING US

The first step is to talk to a member of our staff or of the intermediary if your Proposal was arranged through one. This can be done informally either directly or by telephone. Usually the best staff member to talk to will be the person who dealt with the matter you are concerned about as they will be in the best position to help you promptly and to put things right. If they are not available or you would prefer to approach someone else then ask for the manager or senior person responsible. We will seek to resolve the problem immediately. If we cannot do this then we will take a record of your concern and arrange the best way and time for getting back to you. This will normally be within two working days.

STEP 2 – TAKING YOUR COMPLAINT FURTHER

If you are still unhappy the next step is to put your complaint in writing, addressing it to our Complaints Officer, setting out the details, explaining what you think went wrong and what you feel would put things right. If you are not happy about writing a letter you can always ask a member of staff to take notes of your complaint which you will be then asked to sign. You will be provided with a copy for your own reference. This record will be passed promptly to the Complaints Officer to deal with. Once our Complaints Officer receives a written complaint, s/he will arrange for it to be fully investigated. Your complaint will be acknowledged in writing within five days of receiving it and the letter will say when you can expect a full response. This should normally be within three weeks unless the matter is very complicated such as where other organisations need to be contacted. Where this is the case we will still let you know what action is being taken and tell you when we expect to provide you with a full response.

TAKING YOUR COMPLAINT ELSEWHERE

If you are still not satisfied with the Complaints Officer's response, you can always seek advice elsewhere. You may contact the Consumer Complaints Manager at the Malta Financial Services Authority on 8007 4924 or 2144 1155. Following these procedures will not affect your right to take legal action.

Material Facts are those facts which are likely to influence us in the acceptance or assessment of this proposal and it is essential that you disclose all of them. If you are in doubt about whether a fact is material then for your own protection you should disclose it since failure to do so could invalidate your policy.

DECLARATION

I have read or have had read to me the contents of this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and Middlesea Insurance p.l.c. I confirm that I have disclosed all Material Facts and accept your standard form of policy for this type of insurance. I am satisfied with the way the proposal has been completed. I confirm that if this form has been completed by one of your employees and/or authorised intermediary on my behalf such person shall, for that purpose be regarded as my agent and our agent. I agree to read the policy and be bound by the terms, conditions, limitations and exclusions of the said policy.

Period of insurance required	
Signature of applicant	Date
Intermediary	