



***Home Insurance***  
*Proposal form*

## Notes

Before completing this Proposal Form, please note specially that failure to disclose all material information i.e. information which is likely to influence the acceptance of the risk and the terms applied, could invalidate the Insurance. If you are in any doubt as to whether any information is material, it should be disclosed.

ALL QUESTIONS MUST BE ANSWERED (PLEASE USE CAPITAL LETTERS)

## 1. APPLICANT/S DETAILS

Name	Surname
ID Card No or Passport No	Date of Birth
Contact Number	Mobile
Occupation	E-mail
Postal Address	
Risk Address	

## 2. GENERAL QUESTIONS

### Is your home:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| a. Occupied solely by you and your family as a private residence?<br><i>If no please give details</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. Left unoccupied for more than 90 days in a row?<br><i>If no please give details</i>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. Built of brick, stone, concrete?<br><i>If no please give details</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. In a good state of repair and will be so maintained?<br><i>If no please give details</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. In an area free from flooding?<br><i>If no please give details</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. Has any loss, damage or liability arisen in the last 5 years, or has any insurer declined or terminated insurance or imposed special conditions relating to your present house or anywhere else in respect of the risks to be insured?<br><i>If yes please give details</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. Have you or any member of your family permanently residing with you, ever been convicted of any offence involving actual or threatened damage to or loss of property, or dishonesty of any kind?<br><i>If yes please give details</i>                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. Is your home protected by an alarm?<br><i>If yes please give us the name of the installer</i>   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. Do you have other business insured with us?<br><i>If yes please give details</i>  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### 3. BUILDINGS

Your sum insured must be calculated on the rebuilding cost of your home including architects and surveyors' fees, removal of debris and demolition costs.

Buildings Sum Insured

€

Do you wish to include the garage?

Yes

No

Sum Insured

€

Is your home a:

Detached house

Terraced house

Maisonette

Flat

Other

a. Is any part of your home below street level?

Yes

No

b. Approximately in which year was your home built?

c. Will the policy be used against a mortgage?

Yes

No

*If yes, please state name of bank and branch*

d. Please indicate the area of your property in square metres

### 4. CONTENTS

Your sum insured must be calculated on the replacement cost, as new. Please do not include those items you wish to insure under Section 5 All Risks.

Contents Sum Insured

€

Are your High Risk Items:

a. Individually of greater value than € 2,000?

*Please list below the value and description of items exceeding € 2,000*

Yes

No

b. Collectively of greater value than € 5,000?

*If your High Risk Items collectively are of greater value than € 5,000 please complete the section below:*

Yes

No

**Category**

**Sum Insured**

1. Electronic equipment (TV, PC, DVD players, surround system etc...)

€

2. Jewellery and watches

€

3. Clocks and articles of precious metal (other than jewellery)

€

4. Pictures, works of art, curios and collections

€

5. Photographic equipment

€

6. All other contents (furniture, carpets, curtains etc...)

€

**Total**

€

Is there a safe in the home?

Yes

No

If yes is it a:

wall safe

a free standing safe

a floor safe

Make and Model:

*Please note that jewellery in excess of € 20,000 should be kept in safe.*

## 5. ALL RISKS

This cover applies for the personal effects which you choose to specify. These will be covered either anywhere in the Maltese Islands, Europe or Worldwide. Valuations or purchase receipts are required in respect of all items mentioned under this section. You do not need to cover these items under Section 4 Contents.

Item No	Description	Value	Maltese Islands, Europe or Worldwide
1		€	
2		€	
3		€	
4		€	
5		€	
6		€	

## 6. LIABILITY AT LAW

Liabilities are included with Building or Contents cover up to the following limits:

As owner or occupier € 600,000  
As employer of domestic staff € 2,400,000

## 7. PERSONAL MONEY AND CREDIT CARDS

Do you require this cover? Yes  No

Money € 500  
Credit Cards € 1,200

## 8. DECLARATION

I declare that:

- i) The above statements made by me, or on my behalf, are true and complete and I agree that this application form and declaration shall be the basis of the contract between me and Elmo Insurance Ltd.
- ii) The values for Sections 3, 4 and 5 Buildings, Contents and All Risks respectively, are based, when required, on full replacement cost, as new, and will be maintained so at all times.
- iii) I declare that I have read the Data Protection.
- iv) I wish cover to commence  (which cannot be before the proposal is accepted by the Company).

## 9. DATA PROTECTION NOTICE

Elmo Insurance Ltd is the data controller in relation to personal data held about you or any other person whom you insure with us. By making a request for insurance with Elmo Insurance Ltd, you acknowledge that you and all persons whom you propose to insure with us accept this Data Protection Statement. You should therefore show this notice to anyone whom you propose to insure with us.

It may be necessary for us to collect sensitive personal data (such as medical conditions or injuries) relating to you or any other person insured or to be insured under the policy or who may claim under the policy. You should get their explicit consent before sharing their personal data with us. By making a request for insurance with Elmo Insurance Ltd, or making a claim under this policy, you acknowledge that you and all such persons are giving their explicit consent to such information being processed in the manner and for the purposes outlined here. Under the terms of your policy, you should give us notice about any accident which may give rise to a claim under the policy. When you give us notice about any such accident you acknowledge that you and all persons who may claim under this policy accept this Data Protection Statement. You should therefore likewise show this notice to anyone claiming under this policy.


We will use this information to manage and administer your insurance policy, to assess creditworthiness and for underwriting, claim handling and fraud prevention purposes. In order to provide you with products and services this information will be held in the data system of Elmo Insurance Ltd. We may also collect information from other sources and check the information that

you provided us. We may pass this information to other insurers either directly or through persons acting on their behalf such as the Malta Insurance Association, Insurance Intermediaries, or Private Investigators, Medical Consultants, the Commissioner of Police, the Malta Insurance Fraud Platform, and where we are entitled to do so under the Insurance Business Act or the Data Protection Act. Furthermore, in case you default in the payment of your premium or other dues under the policy, we may pass this information to the Malta Association of Credit Management or Credit Info and or any Credit Referencing Agency, so that such information will be recorded in the system and made available to participants.

You are entitled to know what personal data is held about you in our systems and where applicable request the rectification or erasure of such data. If you wish to receive such information, you should write to us. We may pass some or all of the information that relates or is ancillary to the claims history of persons who may claim under your policy to the Malta Insurance Fraud Platform. The aim of the Malta Insurance Fraud Platform is to prevent, detect, suppress and/or prosecute insurance fraud. Elmo Insurance Ltd jointly with other motor insurers is the data controller in relation to the Malta Insurance Fraud Platform. The platform is administered on our behalf by the Malta Insurance Association (MIA). Under the Data Protection Act, you are entitled to know what information about claims you have made is held on the Malta Insurance Platform and where applicable, request the rectification or erasure of the same. If you wish to receive this information, please write to the Malta Insurance Association at its registered address.



**Signature**



**Date**

## 10. FOR INTERNAL USE ONLY



**Elmo Insurance Ltd. Abate Rigord Street, Ta' Xbiex XBX 1111**  
**Tel: (+356) 2343 0000 | [www.elmoinsurance.com](http://www.elmoinsurance.com)**

## **BRANCH OFFICES**

### **B'KARA BRANCH**

Naxxar Road  
B'Kara BKR 9044  
☎ 2343 0322

### **COSPICUA BRANCH**

48 Bormla Gate  
Cospicua BML 2062  
☎ 2343 0301

### **PAOLA BRANCH**

Paola Square  
Paola PLA 1261  
☎ 2343 0306

### **QORMI BRANCH**

St. Bartholomeo Street  
Qormi QRM 2187  
☎ 2343 0311

### **RABAT BRANCH**

23A Saqqajja Square  
Rabat RBT 1192  
☎ 2343 0332

### **ST. PAUL'S BAY**

612 Mosta Road  
St. Paul's Bay SPB 3112  
☎ 2343 0310

### **ZEBBUG BRANCH**

Mdina Road  
Zebbug ZBG 9017  
☎ 2343 0326/7

### **VALLETTA BRANCH**

Cassar & Cooper  
54 South Street  
Valletta VLT 1103  
☎ 2343 0316