

MULTI DWELLING

PROPOSAL FORM



Gasamamo
INSURANCE

we're always there

GENERAL INFORMATION

Name of Proposer

and / or individual owners and / or residents, each for their respective rights and interests

Name of administrator and ID Card Number or Company Number

Postal address

Contact number of the administrator

Email address of the administrator

DETAILS OF RISK TO BE INSURED

Risk address

Total numbers of levels

Levels at ground floor:

Levels at basement:

Levels at upper level:

Approximate year of build

Description of adjacent premises

Current insurers (if applicable)

INSURANCE RECORD

Have you, or any owner of the property, being proposed for insurance

Ever had any insurance cancelled or refused? Yes ☐ No ☐

Ever had any special terms imposed for property insurance? Yes ☐ No ☐

Had any loss, destruction or damage in the last 5 years? Yes ☐ No ☐

Made a claim in the last 5 years? Yes ☐ No ☐

Ever been convicted or are currently being prosecuted for any crime? Yes ☐ No ☐

Ever been convicted or are currently being convicted of any criminal offence or contravention involving dishonesty? Yes ☐ No ☐

Is there any detail or material fact which you feel we should be made aware of with regards to this proposal? Yes ☐ No ☐

Additional remarks if you replied YES to any of the above.

RISK FEATURES OF THE COMMON AREAS

Front - type of doors / windows

Rear- type of doors / windows

Details of intruder alarm system, if any

Details of CCTV system, if any

Number and type of fire extinguishers

Details of Fire Alarm system, if any

Details of any other fire protection, such as Fire Doors, Sprinkler Systems, Hose Reels, etc., if any

Details of water pumps, if any

Are fire exit and emergency lights present

Yes ☐

No ☐

Is electrical equipment in the common areas fitted with surge / lightning protection?

Yes ☐

No ☐

PART A - BUILDINGS

Please enter the amount to be insured for buildings.

Apartments

Common Areas

Garages

Garages Common Areas

Machinery

PART B - CONTENTS OF THE COMMON AREAS

The policy provides automatic cover for up to a sum insured of €5,000.

Please enter the amount to be insured for contents in the common areas.

PART C - BREAKDOWN OF MACHINERY IN THE COMMON AREAS

Machinery which may be covered under this section includes passenger lifts, electrical gates, motors of electric garage doors, pool pump room equipment.

Description - including make, model and serial number

Sum Insured

Total sum insured

Is machinery inspected / services at least on an annual basis?

Yes ☐

No ☐

Are all plant and machinery certified in accordance with current legislation?

Yes ☐

No ☐

PART D - LEGAL LIABILITIES

Do you require liability cover as the owner or occupier of your buildings?

- Limit of Indemnity €1,200,000

Yes ☐ No ☐

Do you require liability cover towards employees? - limit of indemnity €1,000,000

Yes ☐ No ☐

Category of employees according to occupation

Number of employees

Is protective clothing provided to employees?

Yes ☐ No ☐

Details of any personal protective equipment provided, if any?

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Do you require a higher Limit of Indemnity than the standard limits offered by the policy?

Yes ☐ No ☐

If YES please state the required amount

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DECLARATION

Very Important

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant, ask your local GasanMamo Insurance Office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. Please ensure that you keep a record (including copies of letters) of all information that you supply to us in relation to this proposal.

Data Protection Notice

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. We may be required to collect further information from our tied intermediaries, other insurance companies, insurance intermediaries or insurance associations. In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405.

Professional Secrecy Act

Information on this form or on any subsequent claim form, along with other relevant information, may be shared with other Insurers as part of an exercise to combat the ever-increasing problem of insurance fraud. Signature of this Proposal Form confirms your consent to this fact-sharing exercise.

Details shared are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act, 1994.

TOGETHER WE CAN FIGHT FRAUD

I/We declare that the Information given in this proposal is to the best of my/our knowledge correct and complete in every detail.

I/We confirm that I/we give consent, on the basis of the Data Protection Notice, on behalf of myself and any other persons specified in this form for the insurers to process our personal information with respect to this proposal and any subsequent claims. I/We also confirm that I/we have brought the Data Protection Notice to the attention of these persons.

Further, I/we agree that if my answer has been written by any other person on my/our behalf, such person shall for that purpose be regarded as my/our Agent and not the Agent of GasanMamo Insurance.

When completing this application, you should disclose any fact which may influence the acceptance of the risk.

Signature

Date

Date of inception of insurance

No Insurance will be in force until the proposal has been accepted by GasanMamo Insurance.

For more information please contact: