



Please complete in BLOCK CAPITALS throughout and tick yes or no in the appropriate boxes.

1. Personal Information		
Title (Mr, Mrs, Miss or other) Full 1	Name	
I.D Card No or Passport No		Date of Birth
Postal Address		
Occupation including part-time Work (plea	ase be specific, Occupations such as Direct	or, Clerk or Self-Employed are not sufficient)
Home Telephone Number	Office Telephone Number	Mobile Number
E-Mail Address		
2. Particulars of Vessel		
Err di dedici 5 or resset		
Type of Vessel	Registration Number	Name of Vessel
Year of Build	Overall Length	Material of Hull
Was the vessel professionally built	or amateur built Builder's Name	
If amateur built or 15 years old or over, t	his proposal must be assemblanied by a F	ull Condition Survey report
Conversions and vessels over 25 years o		utt Contattion Sur vey report.
Date of Purchase Purch	ase Price	
Vessel Make and Model		

3. Particulars of Engine/s Outboard 1 Make of Engine Year of Manufacture HP Serial Number Year of Manufacture Serial Number Outboard 2 Make of Engine HP No cover is given on outboard motors until the Serial Number is advised. Inboard 1 Make of Engine Year of Manufacture HP Serial Number Make of Engine Inboard 2 Year of Manufacture HP Serial Number What is the maximum speed of the vessel with these engines? Knots / MPH Is the vessel fitted with remote control or automatic fire extinguishers in engine area and galley? If yes state make What other type of fire extinguishers are carried? 4. Values to be Insured Hull and Equipment (including inboard engines if applicable) and all items normally given in the vessel specifications and items of electronic equipment that do not form part of the internal fittings which may be purchased separately or removed from the vessel while not in use. **Tender / Dinghy** (the vessel's name must be shown on the tender to comply with the policy conditions). **Outboard Motor Auxiliary outboard motor** Trailer Personal Effects - (items not forming part of the vessel, being items of clothing including caps, hats, shoes and towels, waterproof gear, bags, coolers, kitchen accessories, wallets or purses excluding cash and credit cards, toiletries, keys or pens).

Note: Value for insurance should be the current replacement value of your vessel taking into account your vessel's age, condition, machinery, gear and equipment.

Total Sum Insured

5. General Questions 1. How many years experience have you as an owner/crew? 2. Do you have any sailing qualifications? (Proof will be required). ves nο 3. Are you in possession of a valid Nautical Licence? yes no 4. Are you the sole owner of the vessel? Give details of any co-owners. ves no 5. To the best of your knowledge and belief have you or any person you will permit to use the vessel: (a) suffered any accident or loss in the last 5 years with any vessel used or owned? ves nο (b) had any insurance on any vessel cancelled or refused or had any special terms imposed? yes nο (c) been convicted during the past five years of any criminal offence? yes no (d) a pending prosecution or police enquiry? yes nο 6. Are you entitled to no claim bonus? yes no If the answer to any of these questions is YES please provide full details on a seperate sheet. 7. Has the vessel ever been damaged? ves nο 8. Will the vessel be used for private pleasure only? no 6. Additional Risks / Extensions Do you wish to receive a discount from the premium for increasing the standard policy excess? ves If yes please state amount you are willing to take Do you wish to cover the mast spars, sails and rigging against racing risks? If so please indicate the estimate cost of replacing them 'as new' Do you wish to extend cover to include legal liability to and of water skiers being towed by your vessel? If your boat exceeds 17 knots, does it include sleeping facilities? Propeller fouling - If you have replied NO to the question above, please be aware that the maximum amount payable is limited to €3,500 for each engine, for each and every claim. This applies in respect of loss or damage to the rudder, propeller, strut, shaft, inboard and / or outboard motors, electrical machinery or batteries, and their connections, caused directly or indirectly by the vessel striking or fouling a submerged or partially submerged object including but not limited to ropes, plastic bags and / or other debris. Do you wish to increase this limit? ves If yes, please state the amount of cover you require for each engine. 7. Moorings Where will the vessel generally be moored when in commission? Where will it be laid up? Ashore or Afloat State the dates between which it will be to (inclusive) from out of commission (laid-up) annually 8. Cruising Range Maltese territorial waters? or other

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. Faiture 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.

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.

Data Protection Notice

GasanMamo Insurance Limited having company registration number C3143 and registered office at Head Office, Msida Road, Gzira, Malta, is the data controller of personal data held about you and/or other individuals to be covered under a policy. Within the context of this notice, "GasanMamo" means GasanMamo Insurance Limited and/or any of its affiliates, subsidiaries or associated entities.

The data that you provide to us, including sensitive data, will be used for the administration of quotations and policies, insurance underwriting, for handling and settling claims, for management information and for the prevention and detection of fraud and other crimes.

We may collect information about other individuals, such as your family members including minors, whom you propose to insure or insure with us. Yours and other individuals information may be collected and disclosed from/to associated companies, intermediaries, re-insurers and other entities for the conduct of insurance purposes and for our legitimate interest such as:

- checks against publicly available information (like court judgements, or court orders) for assessing your application or at renewal or when issuing an endorsement. Similar checks may be made in assessing any claims made.
- claims handling purposes where information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters, surveyors, and investigators. In certain instances, we may require to be provided with further medical information from any doctor, hospital, clinic, laboratory or any related medical practitioner and healthcare providers.
- for research or statistical purposes, including to analyse how people use our websites, view our products, respond to our advertising and to improve our understanding of what customers need.
- for training purposes, to improve our services and their delivery, for example by recording telephone calls.
- to communicate with you about your quotation, product or service, including improvements we make to the ways you can access your information
- to prevent, detect suppress and/or prosecute fraud where we may at any time share information about you with other organisations, regulatory and public bodies [if applicable overseas], undertake credit searches and additional fraud searches, check and/or file your details with fraud prevention agencies and databases (such as the Malta Insurance Fraud Platform).
- third party suppliers or service providers to conduct certain business operations as per our outsourcing agreements.

If you give us information, including sensitive information, about other individuals, you confirm that they have given you their permission to

Signature	
Date of inception of insurance	

provide their personal information to GasanMamo Insurance and for GasanMamo Insurance to process their personal information and also that you have told the individuals who we are and how we use their data, as set out in our Privacy Policy.

We will retain personal information for as long as it is necessary to fulfil the above mentioned purposes for which it was collected and for a period of time permitted by law in order to comply with our legal obligations and requirements.

You have the right to request access to the personal information we hold about you. In certain instances, you may withdraw your consent to our processing of your personal information or request that we restrict the processing of your information or erase your information. However, we may continue to process your personal information if we have a legitimate interest or a legal obligation to do so. To exercise these and other rights mentioned in GasanMamo's Privacy Policy, you may contact us by email on insuranced@gasanmamo.com or by post to The Data Protection Officer, GasanMamo Insurance Limited, Head Office, Msida Road, Gzira, Malta. We will take all reasonable steps to confirm your identity before providing you with details of any personal information we may hold about you.

If you are not satisfied with the way GasanMamo processes your personal data, you can contact us as indicated above. If, after making a complaint to us, you are still unsatisfied you have the right to refer the matter to the Office of the Information and Data Protection Commissioner, Floor 2, Airways House, High Street, Sliema SLM 1549, Malta or via email on idpc. info@idpc.org.mt.

We recommend you read our full Privacy Policy for a better understanding of how we process data by visiting: https://www.gasanmamo.com/company/legal/privacy-policy/.

We may amend this notice from time to time for example, to keep it up to date or to comply with legal requirements.

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Privacy Policy.

We would like, on occasion to kee	p you informed of our products and
services by electronic means.	
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Yes, I would like to receive	marketing information.

No, do not send me marketing information.
e would like, on occasion, to keep you informed of related company oducts and services by mail or by electronic means.
Yes, I would like to receive marketing information.

No, do not send me marketing information.

You have a right to object to the processing of your personal data for marketing purposes. Please inform us accordingly if you do not wish to receive any marketing information. If you opt-out of receiving marketing information we may still use your contact details to convey important information regarding an existing policy or claim or for us to comply with our regulatory obligations.

By providing your email address to us, you specifically consent to receiving communications from us by electronic means.

I confirm that I have read and understood the contents and accept all the terms laid down in this proposal form. I hereby declare that to the best of my knowledge all the information provided is true and correct.

Date		

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

For more information please contact:



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