

Business Protect Plus

Insurance Proposal Form



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Please ensure that you complete this form fully and correctly and disclose all material facts which are likely to affect GasamMamo Insurance Limited's acceptance of your proposal. If you are in doubt about whether a fact is material or not, you should disclose it. Omission or misstatements may affect the settlement of claims under this policy or make your policy invalid. A specimen policy can be provided upon request.

Proposer's Details

Name of Insured *(any natural person and/or company and/or partnership registered in Malta holding an interest for which insurance cover is being sought under this proposal, each for their respective rights and interests):*

ID number:

Date of Birth (DD/MM/YYYY):

Company or Partnership

Registration number/s:

Directors'/Partners' Full Names:

No. of years established:

Full Description of Business Activities or Occupation:

Primary Contact Details

Contact Name:

Position:

Postal Address:

Telephone Number:

Mobile Number:

Email:

Website:

General Details

Risk Addresses *(ask for assistance if you require to insure more than 5 different addresses)*

Use of Premises *(e.g. office, shop, store)*

Premises 1:

Premises 2:

Premises 3:

Premises 4:

Premises 5:

Description of adjacent premises

Premises 1:

Premises 2:

Premises 3:

Premises 4:

Premises 5:

Insurance Record

Current Insurers, if applicable:

Reason for applying for this insurance:

Have you or any director and/or partner of your business ever:

had any insurance cancelled or refused? Yes No

had any loss, destruction or damage in the last five years? Yes No

made a claim in the last five years? Yes No

been convicted during the last five years of any criminal offence? Yes No

been in a pending prosecution or police enquiry? 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

If you have answered 'Yes' to any question above, please give full details in the space provided below:

Risk Features

Front (*type of doors/windows*):

Rear (*type of doors/windows*):

Auto-dialling intruder alarm: Yes No

Installing Security Company:

CCTV System: Yes No

Installing Security Company:

Number and type of fire extinguishers/blankets:

Auto-dialling fire alarm: Yes No

Installing Security Company:

Details of any other fire protection, such as fire doors, sprinkler systems, hose reels, etc, if any:

Is smoking allowed in the premises? Yes No

Are electricity mains switched off after closure of business? Yes No

Are stocks kept on shelves or pallets? Yes No

Is electrical equipment fitted with surge/lightning protection? Yes No

Location of gas cylinders, if any:

Details of water pumps, if any (applicable if the premises is at basement level):

Section 1 - Contents

Cover is against accidental loss, destruction or damage to the Contents including losses caused by fire, explosion, lightning, thunderbolt, impact, riot, civil commotion, storm, tempest, flood, bursting of water tanks, pipes or apparatus, falling trees, malicious acts, earthquake and theft.

Please declare the sums to be insured for each respective item noted below. These must reflect the full replacement value.

Stocks Description:
(please include as much detail as possible)

Sums to be insured

	Premises 1 (€)	Premises 2 (€)	Premises 3 (€)	Premises 4 (€)	Premises 5 (€)
General Stocks <i>(as per Stocks Description above)</i>					
Specified Stocks <i>(wines, spirits, tobacco, consumer electronics, vehicles spares and accessories)</i>					
Trade plant & machinery					
Other Equipment <i>(e.g. trade related tools, hand tools and utensils used in connection with the business. For computer and IT related equipment, please refer to Section 3 – Business Equipment)</i>					
Furniture, fixtures & fittings <i>(including shelving and all other furniture, both moveable and fixed such as fitted kitchen furniture)</i>					
Others <i>(please specify below)</i>					
Total Sum Insured					

You may use the space below to include more details on the items to be insured such as type of plant and machinery. An inventory is desirable although not compulsory unless otherwise instructed:

Section 2 - Buildings

Cover is against accidental loss, destruction or damage to the Contents including losses caused by fire, explosion, lightning, thunderbolt, impact, riot, civil commotion, storm, tempest, flood, bursting of water tanks, pipes or apparatus, falling trees, malicious acts, earthquake and theft.

Please declare the sums to be insured for each respective item noted below. These must reflect the full replacement value. The sum to be insured for Buildings should represent the reconstruction value of the property including all permanent finishes, fixtures and fittings including passengers or goods lifts, generators, mechanical and electrical installations, bathrooms, plumbing, lighting, CCTV system, alarm systems, HVAC, air conditioners, and the like.

Sums to be insured

	Premises 1 (€)	Premises 2 (€)	Premises 3 (€)	Premises 4 (€)	Premises 5 (€)
Buildings					
12 months' Rent payable					
PV panels/solar water heaters					
Tenants' Improvements <i>(includes parquet, apertures, floors/tiling, bathrooms, partitioning, gypsum works, and any other additions done by you as tenants unless any of these were included and specified under the Buildings sum to be insured)</i>					
Total Sum Insured					

You may use the space below to include any further detail/description of the items to be insured:

Section 3 – Business Equipment

Cover is in respect of accidental loss, destruction or damage to items of equipment (defined as items of electronic nature). Here, you should include items such as servers, computers, computer peripherals and accessories, TV sets, monitors, audio-visual equipment, sound systems, access control systems, IT equipment, telephone systems & PABX, network devices (switches, access points, routers and the like), photocopiers, scanners, multi-function printers and any data processing equipment or any other item of an electronic nature.

Sums to be insured

Cover for non-portable electronic equipment within the Premises

	Premises 1 (€)	Premises 2 (€)	Premises 3 (€)	Premises 4 (€)	Premises 5 (€)
Non-Portable electronic equipment <i>(please declare a single total amount representing the replacement value of all non-portable electronic equipment within the premises)</i>					

Is equipment fitted with surge/lightning protection? Yes No

Cover for portable electronic equipment anywhere in the Maltese Islands extended to worldwide for up to 15 consecutive days. If you require to insure more than 10 items, please attach a separate full specification list:

Item Description <i>(incl. make, model and serial number)</i>	Sum to be insured (€)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Do you wish to extend coverage to anywhere in Europe, all year round? Yes No

Do you wish to extend coverage to anywhere in the world, all year round? Yes No

Section 4 – Glass

Cover is in respect of:

- breakage of fixed glass including damage to its framework, lettering, fittings and displays resulting from such breakage including the cost of necessary boarding up pending replacement;
- damage to fixed sanitary ware and fittings;
- damage to fixed signs.

Sums to be insured

	Premises 1 (€)	Premises 2 (€)	Premises 3 (€)	Premises 4 (€)	Premises 5 (€)
Internal Glass <i>(e.g. internal partitions)</i>					
External Glass <i>(e.g. external shop front)</i>					
Signs					
Total Sum Insured					

Section 5 – Goods In Transit

Cover is in respect of loss, destruction or damage to Property whilst in transit by You or your Employees in any vehicle anywhere in Malta until delivery at their destination including loading and unloading from any vehicle.

Description of goods being transported:

Estimated Annual Carrying:

(this should reflect the total estimated value of goods in transit in one year

e.g. total value of goods €1,000 per delivery, three deliveries per week = €1,000 x 3 = €3,000 x 52 weeks = €156,000 yearly)

Vehicle Registration No.	Make & Model	Is cargo compartment fully enclosed?	Security	Limit per vehicle (€)
1.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
2.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
3.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
4.		Yes <input type="checkbox"/> No <input type="checkbox"/>		
5.		Yes <input type="checkbox"/> No <input type="checkbox"/>		

Section 6 – Deterioration of Stocks

Cover is in respect of loss, destruction or damage to refrigerated stock occasioned by a rise or fall in temperature resulting from:

- breakdown of the Plant;
- non-operation of any thermostatic or automatic controlling devices pertaining to the Plant;
- accidental failure of the public electricity supply;
- bursting or leaking of pipes forming part of the Plant;
- accidental external damage to the Plant;
- action of refrigerant fumes escaping from the Plant.

Details of stocks:

(e.g. frozen & refrigerated foodstuffs)

Sums to be Insured

	Premises 1 (€)	Premises 2 (€)	Premises 3 (€)	Premises 4 (€)	Premises 5 (€)
Total per premises					

Maximum insured value any one refrigeration unit:

Total number of refrigeration units:

Number of hours after which refrigerated stock starts to deteriorate following power failure:

Are refrigeration units inspected/services at least on an annual basis? Yes No

Are temperature readings monitored and logged? Yes No

How often are temperature logs taken?

Details of backup generators, if any:

Details of temperature alarm system, if any:

Section 7 – Money & Assault

Cover is in respect of loss or damage to Money during the Period of Insurance occurring within any of the contingencies for which you request cover

Estimated Annual Carryings

(this should reflect the total estimated amount of cash and cheques in transit in one year e.g. two transits per week of €2,000 each, €4,000 per week x 52 weeks = €208,000 yearly. Please split the amounts between cash and cheques)

Cash (€):
Cheques (€):

Contingencies/Limits Required

	Cash (€)	Cheques (€)
1. Limit to money in private residence		
2. Limit money outside safe outside business hours		
3. Limit outside business hours in safe		
4. Limit money in safe during business hours		
5. Limit during business hours		
6. Limit to money in the custody of the Insured's representative		
7. Limit during transit		
8. Damage to safe or strong room (standard max. limit is €2,400)		
9. Damage to clothing and personal effects (standard max. limit is €235 any one person)		

Safe Details

Type: (e.g. wall mounted)		
Make:		
Model:		
Certification & Grade: (tick which one applies)	EN 14450 <input type="checkbox"/> (Secure Cabinet)	Grade: (S1 or S2)
	EN 1143-1 <input type="checkbox"/> (Secure Storage Unit)	Grade: (0 – 13)
	EN 1143-2 <input type="checkbox"/> (Deposit System)	Grade: (1 – 4)
	Other (please specify)	

Section 8 – Breakdown of Machinery

Cover is in respect of loss, destruction or damage to machinery from any sudden and unforeseen cause necessitating repair or replacement.

Please declare the details of the machinery and sums to be insured for each item. These must reflect the full replacement value and the items to be insured under this Section must have also been included under Section 1 – Contents.

Item Description (include make, model and serial number)	Sum to be insured (€)
1.	
2.	
3.	
4.	
5.	

Is machinery inspected/serviced at least on an annual basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Section 9 – Personal Accident

This section provides cover for bodily Injury sustained by an Insured Person resulting in:

- Death
- Total and irrevocable loss of sight in one or both eyes
- Loss of one or both limbs
- Permanent and total disablement (other than by loss of limbs or sight) which after 104 weeks from the date of such bodily injury prevents the person from following, engaging in or giving attention to his / her usual profession or occupation.
- Temporary Total Disablement from engaging in or giving attention to the Insured Person's usual profession or occupation commencing within 52 weeks of Bodily Injury as aforesaid.

Name of person to be insured	ID Number	Date of Birth	Occupation
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Benefits Required

(for Temporary Total Disablement, please indicate the maximum weekly benefit required. Cover will be limited to 75% of the declared weekly income or the agreed benefit sum, whichever the lesser amount)

Death (€)	Loss of Sight (€)	Loss of Limbs (€)	Permanent Total Disablement (€)	Temporary Total Disablement (€)

NB: Cover under this Section can alternatively be arranged on a multiple of salary basis. Ask for further assistance if you are interested in this type of arrangement

Is any of the persons to be insured engaged in any occupation other than the business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any of the persons to be insured suffering from a disability or not in good health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any of the persons to be insured been involved in any accident causing disability in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does any of the persons to be insured pursue any hazardous hobbies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you have replied 'Yes' to any of the questions above, please give details in the space provided below:		
Geographical Area required: <i>(select only one)</i>	Maltese Islands <input type="checkbox"/>	Worldwide <input type="checkbox"/>
Operation of cover required: <i>(select only one)</i>	Occupational Hours <input type="checkbox"/>	24 hours <input type="checkbox"/>

Section 10 – Loss of Income

Cover is in respect of interruption in the business activity and any additional expenses as a result of loss or damage for which the Company have admitted liability under Section 1 – Contents and Section 2 – Buildings.

Turnover from Sales (€):	Auditors/Professional Fees (€):
Annual Cost of Purchases (€):	Year of Accounts:
Opening Stock (€):	Annual Growth Forecasted (%):
Closing Stock (€):	Indemnity Period (Number of months):
Gross Profit (€):	
Are your books regularly audited? If yes, please give name and address of your auditors:	
Do you want to extend cover for the Contingent Business Interruption Extensions? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Section 11 – Public Liability

Cover is in respect of all sums that you shall become legally liable to pay as damages in respect of:

1. accidental Injury sustained by any person not being an Employee of the Insured;
2. accidental loss or damage to tangible material property;

occurring in Malta during the Period of Insurance in connection with the Business which for the purposes of this Section shall not include manual work away from the Premises other than the collection or delivery of Products.

Cover also includes:

- a) all costs and expenses of litigation recovered by any claimant from the Insured, incurred and recoverable in Malta; and
- b) all costs and expenses of litigation incurred with the written consent of the Company.

Limit of Indemnity required: <i>(typical limits are €250,000, €600,000 or €1,200,000)</i>	
Estimated Annual Turnover:	
Has a Health & Safety audit been carried out and have all recommendations been implemented?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are fire exit, no smoking signage and emergency lights present?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Work Away Extension - do you wish to extend Public Liability cover to operate elsewhere (other than the Premises) in Malta where you or your Employees are engaged in the Business or in connection with commercial calls? <i>(This extension applies in respect of manual work activities other than collection or delivery of products. Kindly be aware that the Work Away Extension does not function as Contract Works Liability Insurance. Should you require additional clarity, please feel free to ask for assistance)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you chose 'Yes', please provide a full description of your Work Away activities:	
Food & Drink Extension - do you wish to extend Public Liability cover to insure your legal liability in respect of personal injuries and/or illness caused by food or drink either supplied, sold or manufactured by you, which is consumed at your Premises?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you chose 'Yes', please provide a brief description of what type of food and drink is served at your Premises:	
Do you wish to extend the Jurisdiction Clause under this Section?	
European Union and/or the United Kingdom <input type="checkbox"/>	Worldwide excluding USA & Canada <input type="checkbox"/>

Section 12 – Employers’ Liability

This section covers your liability at law to pay compensation to employees in your immediate service who sustain bodily injury by accident or disease during the currency of the policy and arising in the course of their employment in the business. Cover may also be extended to cover the payment of wages during injury leave (EIRA Extension).

The Premium payable under this Section is based on estimates, which is then adjusted at renewal upon receipt of the declaration of actual salaries paid during the expiring period of insurance.

Category of Employees according to occupation <i>(e.g. directors, clerical & managerial, salespersons, labourers, shop assistants, storekeepers, chefs, kitchen workers, installers, drivers, maintenance, cleaners, housekeeping etc)</i>	Estimated no. of Employees	Estimated Total Annual Salaries, Wages and other earnings* (€)
Category 1:		
Category 2:		
Category 3:		
Category 4:		
Category 5:		
<i>*do not include any type of earnings such as overtime or performance bonus, which are not fixed or guaranteed</i>		
Is EIRA extension required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is any protective clothing provided to employees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of any personal protective equipment (PPE) provided, if any:		
Do any laws or regulations governing the conduct or maintenance of business practice apply to your premises? If so, please give full details below:		

Section 13 – Cyber

Cover is in respect of data restoration expenses and/or loss of business income and/or incident response expenses as a result of the unauthorised access to and/or use of your Computer System or Data Assets by a Third Party or an Employee, including where access has been gained by using stolen authorised user credentials.

Cover Options <i>(please select only one)</i>			
A. Restoration only	<input type="checkbox"/>		
B. Restoration & Business Interruption	<input type="checkbox"/>		
C. Restoration, Business Interruption & Incident Response	<input type="checkbox"/>		
Limit of Indemnity <i>(please select only one)</i>	€25,000 <input type="checkbox"/>	€50,000 <input type="checkbox"/>	€75,000 <input type="checkbox"/>
Do you maintain anti-virus software on any device that is part of your Computer System and routinely update the protection as reasonably necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you maintain firewalls on any device that is part of your Computer System and connected to the internet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you subject your Data Assets to monthly back up procedures , and store these back-ups in a cloud environment or at an offsite location disconnected from your Computer System?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Employee Count:	Business Turnover/Revenue (€): <i>(last full 12 months)</i>		

Glossary of terms:

Computer System

any computer, hardware, software, communications system, electronic device (including but not limited to, smart phone, laptop, tablet, wearable device), server, cloud infrastructure or microcontroller including any similar system or any configuration of the aforementioned and including any associated input, output, data storage device, networking equipment or back up facility.

Data Asset

any nonphysical, machine-readable information in digital form, including programs.

DECLARATION

When completing the application, you should disclose any facts which may influence the assessment and acceptance of this insurance. If you are in any doubt as to whether certain facts are relevant, please ask your insurance broker or GasanMamo Insurance office. Failure to disclose all relevant facts may invalidate your policy or may result in the policy not operating fully.

I/we have read, or have had read over to me/us, the contents of this completed proposal and I/we declare that the information given in it is, to the best of my/our knowledge and belief, correct and complete.

You should keep a written record (including copies of letters) of any information you give to us or to your broker or agent when entering into this contract of insurance.

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 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 insurance@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 keep you informed of our products and services by electronic means.

Yes, I would like to receive marketing information.

No, do not send me marketing information.

We would like, on occasion, to keep you informed of related company products 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.

Signature:

Name & Surname:

Position:

Date Signed (DD/MM/YYYY):