

ALL QUESTIONS MUST BE FULLY ANSWERED.

1. APPLICANT 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		

2. COVER REQUIRED

Comprehensive <input type="checkbox"/>	Third Party Only <input type="checkbox"/>
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3. BOAT DETAILS

1. Name of boat/Registration number	
2. Make and model	3. Type/class of boat
4. Overall length	5. Hull material
6. Year of manufacture**	7. Builder's name
** If boat is over 15 years a full condition survey is required	
8. Was the boat professionally built?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "NO", please state type of build	
9. Year purchased	10. Purchase price

11. Engine/s	Make	Year of make	Hp	Serial number	Fuel
Outboard 1					
Outboard 2					
Inboard 1					
Inboard 2					

12. Please state the maximum speed of the boat with these engines knots

13. Has the boat ever been damaged? Yes No

If "YES", please give details

14. Is the vessel fitted with Remote Control or Automatic Fire Extinguishers in engine area or galley? Yes No

If "YES", please give details

15. What other type of Fire Extinguishers are carried?

16. Do you have an anti-theft immobiliser installed on the vessel? Yes No

If "YES", please give details

4. ADDITIONAL COVER

Would you like to extend the cover provided by your policy to include:

- a) Water Skier Liability (excluding ski-kiting or any similar aerial activity)
- b) Racing Risks Extension (applicable to sailing boats only)
- c) Chartering
- d) Machinery Damage (this applies if engine does not exceed 6 years)

5. CRUISING RANGE

Please state and describe the waters where the boat will be used

- Maltese waters Maltese and Italian waters Mediterranean waters

6. SUMS INSURED (COMPREHENSIVE COVER ONLY)

Item	Sum insured	Purchase price	Year purchased
Vessel (incl. inboard & machinery equipment)	€		
Outboard motor 1	€		
Outboard motor 2	€		
Tender	€		
Road trailer	€		
Launching trolley	€		
Special racing sails	€		
Special equipment (fitted)	€		
Others	€		
Total sum insured	€		

7. IN-COMMISSION AND OUT-OF-COMMISSION PERIOD

1. In commission period from to

2. Will the vessel be garaged after each and every use? Yes No

If "YES", please state where

3. Will the vessel be left on moorings? Yes No

If "YES", please state location, type of mooring and whether it is professionally moored

4. Laid-Up : Out of Commission period from to

5. During the Laid-Up period will the vessel be ashore or afloat? Please state location or address if applicable.

8. GENERAL QUESTIONS

1. Is the vessel used for private and pleasure purposes? Yes No

If "NO", please state it's main use

2. How many years boat driving experience do you, as owner or crew and other crew have?

3. Do you or your crew have any sailing qualifications?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you the sole owner of the vessel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "NO", please provide details of the owner		
5. To the best of your knowledge and belief, have you or any of your crew:		
a) suffered any accident or loss with any vessel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) had any insurance on any vessel cancelled or refused or had any special terms imposed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) ever been convicted of any offence involving dishonesty, fraud or any pending prosecution	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you currently have or ever had your boat insured elsewhere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please state with which company you have been or are you now insured		
7. Are you entitled to a No Claims Discount?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "YES", please give full details		

8. 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.

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 recognise that a client 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

WE WILL DEAL WITH YOUR COMPLAINT.

We do not look at complaints as unwanted. In fact, they may help us to see where our services or procedures may be improved. So do let us know when you feel we have made a mistake or done something which you find unsatisfactory. Even if you do not think your particular concern amounts to a complaint we would still like to know about it. You will help us improve our service further.

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.

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 authorise (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep 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.

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 and understood 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. (us). 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	