



LAFERLA

INSURANCE AGENCY LIMITED

204A, Old Bakery Street, Valletta VLT 1453 Malta

laferla.com.mt

MIDDLESEA

A MEMBER OF THE MAPFRE GROUP

Pet

INSURANCE PROPOSAL FORM

ALL QUESTIONS MUST BE FULLY ANSWERED

1. APPLICANT/S 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. DETAILS OF OWNER AND PET

Owner of pet	Specify relationship with Proposer			
Type of pet	Cat <input type="checkbox"/>	Dog <input type="checkbox"/>	Gender	
			Male <input type="checkbox"/>	Female <input type="checkbox"/>
Name of Pet	Birth Year of Pet			
Is your pet a pure breed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If 'yes' please specify type of breed				
Microchip/Ref No. (please provide copy of licence)	Pedigree Certificate No. (please provide copy of certificate)			
Agreed value of pet – kindly attach proof.				

3. OPTIONAL ADDITIONAL COVER

Cover for veterinary expenses due to sickness/illness	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you wish to increase the standard limit for Third Party Liability	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If 'yes' please specify limit	€100,000 <input type="checkbox"/>	€150,000 <input type="checkbox"/>	€200,000 <input type="checkbox"/>
Travel Cover	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

4. GENERAL QUESTIONS

a. Is pet in good medical condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b. Are the pet's vaccinations up to date?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c. Any medical condition/treatment in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d. Has the pet undergone any surgery/ies in the last 12 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e. Is the pet used for breeding, commercial, guard & security or working purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered 'No' to question 4 a. or b. or 'Yes' to any of the above questions, please provide full details.

f. Is the pet neutered?

Yes

No

5. 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 in it accurately reflect what you have said.

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

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.

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.

HOW TO COMPLAIN

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.

DECLARATION

I have read or have had read to me 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 authorized 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.

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.

Period of insurance required

Signature of applicant

Date

Intermediary

ADDENDUM FOR MULTIPLE PETS

1. DETAILS OF OWNER AND PET

Owner of pet		Specify relationship with Proposer	
Contact no.	Cat <input type="checkbox"/> Dog <input type="checkbox"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Pet		Birth Year of Pet	
Is your pet a pure breed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If 'yes' please specify type of breed			
Microchip/Ref No. (please provide copy of licence)		Pedigree Certificate No. (please provide copy of certificate)	
Agreed value of pet – kindly attach proof.			

2. OPTIONAL ADDITIONAL COVER

Cover veterinary expenses due to sickness/illness		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you wish to increase the standard limit for Third Party Liability		Yes <input type="checkbox"/> No <input type="checkbox"/>
If 'yes' please specify limit	€100,000 <input type="checkbox"/> €150,000 <input type="checkbox"/> €200,000 <input type="checkbox"/>	
Travel Cover		Yes <input type="checkbox"/> No <input type="checkbox"/>

5. GENERAL QUESTIONS

a. Is pet in good medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Are the pet's vaccinations up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Any medical condition/treatment in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Has the pet undergone any surgery/ies in the last 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Is the pet used for breeding, commercial, guard & security or working purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered 'No' to question 4 a. or b. or 'Yes' to any of the above questions, please provide full details.	
f. Is the pet neutered?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Signature of main applicant	Date
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