



LAFERLA

INSURANCE AGENCY LIMITED

204A, Old Bakery Street, Valletta VLT 1453 Malta
laferla.com.mt

MIDDLESEA

A MEMBER OF THE © MAPFRE GROUP

travel

INSURANCE PROPOSAL FORM

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					
Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	Winter sports required	Yes <input type="checkbox"/> No <input type="checkbox"/>

2. ADDITIONAL APPLICANTS

Title	Name & Surname				
I.D. card no.	Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	
Date of birth	Winter sports required	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	
Date of birth	Winter sports required	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	
Date of birth	Winter sports required	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	
Date of birth	Winter sports required	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Title	Name & Surname				
I.D. card no.	Cover required	Low cost <input type="checkbox"/>	Economy <input type="checkbox"/>	Club <input type="checkbox"/>	
Date of birth	Winter sports required	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

Title	Name & Surname						
I.D. card no.	Cover required	Low cost	<input type="checkbox"/>	Economy	<input type="checkbox"/>	Club	<input type="checkbox"/>
Date of birth	Winter sports required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Title	Name & Surname						
I.D. card no.	Cover required	Low cost	<input type="checkbox"/>	Economy	<input type="checkbox"/>	Club	<input type="checkbox"/>
Date of birth	Winter sports required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Title	Name & Surname						
I.D. card no.	Cover required	Low cost	<input type="checkbox"/>	Economy	<input type="checkbox"/>	Club	<input type="checkbox"/>
Date of birth	Winter sports required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		

3. GENERAL QUESTIONS

Do any of the applicants suffer from any medical conditions? Yes No

Health Warranty - Claims under Sections 1 (Cancellation and Abandonment) and 2 (Emergency Medical and Associated Expenses and Hospital Benefit) of the Policy will only be entertained if such claims are not a direct or indirect result of any pre-existing medical condition of the applicants.

If "YES", please give details

Have any of the applicants suffered any injury or sustained any loss or damage whilst travelling in the last 3 years? Yes No

If "YES", please give details

Travel destination, please choose area:

Area 1: Europe including Russia west of the Ural Mountains, countries bordering the Mediterranean, the Azores, Canary Islands, Madeira and Iceland.

Area 2: Worldwide excluding USA and Canada.

Area 3: Worldwide

Duration of trip (maximum period of 180 days)

From	To
Premium	Document Duty
Fee	Total

4. 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.

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.

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 our 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 our 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.

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.

Signature of
main applicant

Date

Intermediary

SECTIONS AND LIMITS

Section		Low Cost Euro	Economy Euro	Club Euro	Excess Euro
1A	Cancellation Abandonment	1,000	5,000	7,500	50
1B	Trip Cancellation	1,000	2,000	3,000	50
2A	Medical Expenses	50,000	250,000	750,000	50
2Ba	Hospital Benefit <i>€25 for every 24 hours up to a maximum of:</i>	250	750	750	Nil
2Bb	Treatment in Malta	750	1,000	1,250	Nil
3A	Delayed Departure <i>€50 for every 12 hours up to a maximum of:</i>	250	250	250	Nil
3B	Missed Departure	250	750	1,500	Nil
3C	Hijack <i>€125 for every 24 hours up to a maximum of:</i>	500	500	500	Nil
4A	Personal Money	750	1,000	1,500	50
4B	Baggage <i>Limit per item</i> <i>Limit for valuables</i>	750 300 600	2,500 750 1,000	3,000 1,000 1,000	50 - -
4C	Delayed Luggage	125	175	750	Nil
4D	Travel Documents	120	175	250	Nil
4E	Rental Vehicle Policy Excess	300	400	500	Nil
5	Liability	1,250,000	1,250,000	1,250,000	50
6	Personal Accident <i>If under 16 years old</i>	10,000 5,000	20,000 10,000	40,000 20,000	Nil Nil

BASIC PREMIUM RATES

Duration of trip		LOW COST			ECONOMY			CLUB		
		Area 1	Area 2	Area 3	Area 1	Area 2	Area 3	Area 1	Area 2	Area 3
		Euro	Euro	Euro	Euro	Euro	Euro	Euro	Euro	Euro
Up to	5 days	13.00	23.50	28.00	16.50	30.50	33.00	22.50	42.00	46.50
From	6 to 11 days	15.00	30.00	36.00	20.00	36.50	41.00	27.00	48.50	54.00
	12 to 18 days	19.00	38.50	44.50	25.00	48.00	54.00	31.50	63.00	68.00
	19 to 24 days	24.00	44.50	49.00	28.00	56.00	65.00	37.00	72.00	79.50
	25 to 31 days	27.50	49.00	54.00	31.00	62.00	72.00	40.00	84.00	91.00
Each additional	10 days	6.00	7.00	12.00	7.00	12.00	14.00	12.00	17.00	20.00

NOTES

1. The above are basic rates per person aged 16 and 69.
2. Persons aged between 70 and 80 at double the above basic rates.
3. Children up to 2 years of age - free of charge.
4. Children aged between 3 and 16 - 50% of the above basic rates.
5. Winter Sports cover at 2.5 times the above basic rates.