

Pet Insurance

Atlas Pet Proposal



Pet Insurance Proposal Form

Complete all questions in ink in block letters – A photocopy of this completed and signed proposal form will be given to you with the Policy

Non Disclosure Warning: Please note that it is your duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so will prejudice the settlement of any claim or invalidate your policy. Please mention such facts (even if not the subject to a question below) or if in doubt refer to us or to your insurance intermediary

Please Note: This insurance does not come into force until we have accepted your proposal. You must inform us of any alteration in the risk in the meantime

Details of the Proposer

Name and Surname:

ID Card No/Passport No:

Business or Occupation:

Postal address:
(including Post Code)

Tel Numbers: Residence Work Mobile No.

Email address:

Details of your Pet

a. Name of your pet
(please attach a dated photo of pet)

b. Type of pet Dog Cat

c. Gender Male Female

d. Microchip Number

e. Weight in Kg.

f. Birth date of your pet
(if exact date is unknown, please indicate to the closest known month and/or year)

g. Is your pet a pure breed Yes No
If yes, please specify breed
Pedigree Certificate No.
(please provide copy of certificate)
If no, please specify any known mix of breeds:

Please note that our policy excludes any dog that is, or is crossed with the following types/breeds:
American Bandogge / Bandogge Mastiff, American Pit Bull Terrier, American Staffordshire Bull Terrier, Australian Dingo, Dogo Argentino/
Argentinian Mastiff, Boerboel, Bully Kitta, Canary Dog (also known as Perro de Prensa Canarios / Presa Canarios), Cane Corsos, Czechoslovakian
Wolfdog, Dogue Brasileros, Fila Brasileros, Irish Staffordshire Bull Terrier, Korean Jindo, Japanese Tosa/Tosa Inus, Northern Inuit Dog, Pit Bull
Mastiff, Racing (non-retired) Greyhound, Sarloos Wolfhound, Utonagan, Wolf Hybrid, or any other dog that is bred to have the physical and
behavioural characteristics of a fighting dog.

h. Address where your pet resides:
(if different from the address of the Proposer)

i. Purchase price of your pet (please attach proof) €

j. Name & address of your pet's Vet:
Tel No:

Insurance Cover Requirements

Please indicate which Plan you would like to purchase:

Essential

Premier

Please refer to our summary of cover for the benefits provided in each Plan

Dates of cover required: From To At (time) :

Subject to your application being approved and upon premium payment, cover begins immediately from the date above. Please note that there is a 14 day waiting period from the commencement date before veterinary treatment becomes applicable for any medical condition developed during these 14 days

General Questions

a. Does your pet suffer from any medical conditions

Yes

No

If yes, please provide details:

b. Has your pet undertaken any treatment (including survey) within the last 12 months

Yes

No

If yes, please provide details:

c. Are your pet's vaccinations/boosters up to date as recommended by your vet?

Yes

No

If no, please provide details:

d. Has your pet been neutered or spayed?

Yes

No

If yes, please provide details:

e. Is your pet used for work?

Yes

No

(such as but not limited to security, guarding, track racing or Coursing or while hunting or any other sport)

If yes, please provide details:

f. Has your pet ever caused damage or injury to any third party?

Yes

No

If yes, please provide details:

g. Have there been any claims or any on-going claims concerning your pet?

Yes

No

If yes, please provide details:

h. Have you

i. had any pet insurance before in respect of your pet or any other pet

Yes

No

ii. been prosecuted or convicted of any offence or is any prosecution pending?

Yes

No

iii. had any type of insurance refused or had any type of policy cancelled?

Yes

No

iv. had any special conditions imposed by any insurer?

Yes

No

If you have answered yes to any of the above, please give full details

Declaration

IMPORTANT – DO NOT SIGN THIS DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. If this form is being completed by someone else on your behalf please ensure that the details submitted accurately reflect what you have said.

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter "Atlas"), You and any other person/s whom You propose to insure (hereinafter "Others") accept the terms of this Statement. You hereby warrant that you have presented this Declaration and the leaflet 'Information for Policyholders' to Others and have obtained their necessary explicit verbal consent.

You confirm that you have read or have had read to You the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge and belief, correct and complete and will form the basis of the contract between You and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed on your behalf by a person (including but not limited to any employee, agent or tied insurance intermediary of Atlas), such person, for that purpose, shall be regarded as Your agent and not the agent of Atlas. You agree to read the policy and be bound by its conditions.

Data Protection Statement

Atlas is the controller of personal data held about You and Others under the terms of the Data Protection Act (hereinafter the "Act"). You and Others consent to:

- a. the processing of any information by Atlas and/or by any other subsidiary companies of Atlas or Atlas Holdings Limited (hereinafter the "Group") which constitute personal data in terms of the Act, insofar as such processing relates to (but not limited to) underwriting and administration of the insurance proposal and policy, handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- b. the disclosure by the Group of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data;
- c. the abovementioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in para (a) above;
- d. the Group informing You and Others of their products and services by any means. You understand and have explained to Others that You or Others may inform Atlas in writing if You or Others do not wish to receive such information;
- e. the recording of telephone calls for training, security and quality control purposes.

You also confirm that You understand (and have explained to Others) that You have the right to submit a written and signed request for access to or rectification of data held by the Group and that You and Others are aware that the full details of our Data Protection Policy, updated from time to time, may be found on http://www.atlas.com.mt/Legal/Data_Protection.aspx

Date:

Proposer's Signature: _____

Name in block letters:

Intermediary:

(if applicable)



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Atlas Insurance PCC Limited is a cell company authorised by the Malta Financial Services Authority to carry on general insurance business. The non-cellular assets of the company may be used to meet losses incurred by the cell in excess of their assets.

Intermediary