

# Proposal Form for Public Liability Insurance under the Island Horse Scheme Insurance Policies

[Doc. Ref. IHSIP.v1]



1. The Proposer					
Name & Surname				ID Card/ Passport No	Member No.
Postal Address				Stable Address	
	Code				Code
Tel / Mobile No.				Email	
Business / Occupation				Commencement Date	

2.1 Details of Horse/s					
Name	Breed	Year of Birth	Colour/s	Gender [Gelding (G) / Mare (M) / Stallion (S)]	Microchip No.
					- - -
					- - -
					- - -
					- - -
					- - -

2.2. Do you own / operate a horse drawn vehicle?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, give number of horse drawn vehicles:	<input style="width: 50px; height: 20px;" type="text"/>
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3. Limit of Indemnity:	Option A) €125,000 in the aggregate <input type="checkbox"/>	Option B) €250,000 in the aggregate <input type="checkbox"/>
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4. Premises Liability	<input type="checkbox"/> YES <input type="checkbox"/> NO	€ 125,000
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5. Legal Expenses Cover:	<input type="checkbox"/> YES <input type="checkbox"/> NO	6. Personal Accident Cover	<input type="checkbox"/> YES <input type="checkbox"/> NO
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No	Name & Surname	Date of Birth	ID Card No.	User	Benefit
		/ /			<input type="checkbox"/> A <input type="checkbox"/> B
		/ /			<input type="checkbox"/> A <input type="checkbox"/> B
		/ /			<input type="checkbox"/> A <input type="checkbox"/> B
		/ /			<input type="checkbox"/> A <input type="checkbox"/> B

7.1 Have any accidents occurred during the last 5 years resulting in injury to third parties or damage to their property?	
7.2 Have you or any person who handles the horse/s ever had a proposal or insurance of any kind or renewal of policy declined or policy cancelled?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give full details
7.3 Have you or any other person who handles the horse/s been charged with or convicted of any offence of dishonesty or any other offence which might affect the assessment of the risk?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give full details

**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 (ISLAND INSURANCE BROKERS LIMITED)**

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act (Chap 586 Laws of Malta) and the General Data Protection Regulation (Regulation (EU) 2016/679). By voluntarily completing and signing this form and sending it to Island Insurance Brokers Limited, you give your consent to Island Insurance Brokers Limited in processing your personal data in accordance with our Privacy Policy. The Privacy Policy can be viewed through our website: [https://www.islandins.com/Documents/Documents/IIB\\_Client\\_Privacy\\_Notice\\_201823May.pdf](https://www.islandins.com/Documents/Documents/IIB_Client_Privacy_Notice_201823May.pdf) or can be provided to you upon request.

**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 General Manager, 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 General Manager to deal with. Once our General Manager 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 two 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 Office of the Arbitrator for Financial Services on 80072366 or 21249245. Following these procedures will not affect your right to take legal action.

Our complaints procedure can be viewed through our website: <https://www.islandins.com/IIB/index.asp?WebMenu=IIB&WebPageID=48&MenuLanguage=ENG> or a copy can be provided upon request.

**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, 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, in addition, exchange some or all of the information with insurers, I also authorise (on my own behalf and on behalf of Others) Island Insurance Brokers Limited 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 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 Island Insurance Brokers Ltd.

**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 Mapfre Middlesea p.l.c.. 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 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.

If there is more than one proposer, then all persons over the age of 18 must sign below. In the case of persons included in this proposal who are under the age of 18 years, then their parent/legal guardian must sign.

<b>Name and Surname of Proposer:</b>		<b>Signature:</b>	
<b>Details of Intermediary:</b>	ISLAND INSURANCE BROKERS LTD., B'KARA - MALTA	<b>Date:</b>	

*Mapfre Middlesea plc (C-5553) is a company authorised under the Insurance Business Act, 1998 to carry on General Business and is regulated by the Malta Financial Services Authority. Argus Insurance Agencies Limited bearing Company number C597 is enrolled to act as insurance agent of Argus Insurance Company (Europe) Limited and is regulated by the Malta Financial Services Authority. Argus Insurance Agencies Limited is authorised to carry on business of insurance regulated by the Malta Financial Services Authority. Island Insurance Brokers Limited (C10536) is enrolled to carry out insurance broking activities under the Insurance Distribution Act, Chapter 487 and is regulated by the Malta Financial Services Authority.*

For Office Use Only										
Member No	Horse No	Receipt No.	Code	Month Ctrl	Period From					
Dbase:	Check:	Limit of Indemnity	Premium	Discount	Premium – Horse	Total:				
H		A B	€ 45.00 € 76.50	0% 10% 15%	€	→ €				
Dbase:	Check:	Benefit	Dbase:	Check:	Premises Liability:	Premium – PA & PREM	Duty:			
PA		A (€5) B (€10)	PREM		<input type="checkbox"/> Y(€15) <input type="checkbox"/> No	€	€			
Dbase:	Check:	Legal Expenses Cover:				Premium – LE	Due:			
LE		<input type="checkbox"/> Y (€5) <input type="checkbox"/> No				€	€			
Receipt No.										