



eurosure
INSURANCE COMPANY LTD

"HOMESURE" INSURANCE PROPOSAL RESIDENTIAL PREMISES

(For Office Use Only)

Account Code	Insured Code	Underwriter	Warranties	Endorsements	Other Instructions	Policy No

PLEASE COMPLETE WITH CAPITAL LETTERS & CLEAR HANDWRITING & INDICATE WITH A "✓" WHERE APPLICABLE

PROPOSERS DETAILS

Full Name of Proposer					
Mailing Address				Flat No	Floor No
Post Code	City	P.O. Box No.			
Area / Village	P.O. Box Post Code				
Occupation / Profession	Mobile Telephone No.				
Date of Birth	Nationality	Home Telephone No.			
Identity No / Company Reg.No	Office Telephone No.				
E-Mail	Office Telefax No.				
Full Address Of Property To Be Insured	Post Code	City			

PERIOD OF INSURANCE

From am/pm / / until midnight of / /

PROPERTY DETAILS

TYPE OF PROPERTY Detached House ☐ Semi-Detached House ☐ Residential Flat ☐ Other ☐

TYPE OF RESIDENCE Main Residence ☐ Holiday Residence ☐ Other ☐

DESCRIPTION OF PROPERTY

Year of Construction	Total Area (sqm)	Total Number of Storeys (Floors)	Outbuildings (if yes describe)	Other Structures (if yes describe)	Other Features
		No. Floors	YES <input type="checkbox"/> or NO <input type="checkbox"/>	Pergolas YES <input type="checkbox"/> or NO <input type="checkbox"/> Awnings YES <input type="checkbox"/> or NO <input type="checkbox"/> Other	Swimming Pool YES <input type="checkbox"/> or NO <input type="checkbox"/> Fireplace YES <input type="checkbox"/> or NO <input type="checkbox"/> Elevator YES <input type="checkbox"/> or NO <input type="checkbox"/>
		No. Basements			

Construction Of Walls	Construction Of Roof	Construction Of Foundations	Construction Of Other Structures
Reinforced Concrete&Bricks <input type="checkbox"/> Stone <input type="checkbox"/> Wooden <input type="checkbox"/> Other <input type="checkbox"/>	Reinforced Concrete <input type="checkbox"/> Tiled <input type="checkbox"/> Wooden <input type="checkbox"/> Other <input type="checkbox"/>	Reinforced Concrete <input type="checkbox"/> Steel Frame <input type="checkbox"/> Other <input type="checkbox"/>	Pergolas <input type="checkbox"/> Awnings <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other <input type="checkbox"/>

DESCRIPTION OF SAFETY SYSTEMS INSTALLED (give details include make, model, type and grading)

Alarm System	Fire Extinguishers	Smoke Detectors	Safe	Safe Make, Model & Grading
YES <input type="checkbox"/> or NO <input type="checkbox"/>	YES <input type="checkbox"/> or NO <input type="checkbox"/>	YES <input type="checkbox"/> or NO <input type="checkbox"/>	YES <input type="checkbox"/> or NO <input type="checkbox"/>	
<u>Connected to</u> Police <input type="checkbox"/> Mobile Telephone <input type="checkbox"/> Independent Company <input type="checkbox"/>				Safe is Bolted or Fitted to the ground <input type="checkbox"/> to the wall <input type="checkbox"/>

OCCUPATION AND USE OF PREMISES

- Are you the **Owner** of the premises? YES ☐ or NO ☐
- Are you the **Occupier** of the premises? YES ☐ or NO ☐
- Do you occupy the whole of the premises? YES ☐ or NO ☐
- If No, give particulars
- Is there any profession, business or trade carried on in the dwelling or in any portion of the premises? YES ☐ or NO ☐
- If Yes, give particulars
- Are the Premises subject to a Mortgage Agreement? YES ☐ or NO ☐
- If Yes, give particulars
- Have you made any changes to the pipes and/or plumbing installations of the building? YES ☐ or NO ☐
- If Yes, give particulars
- Are the buildings in a good state of repair and will they be so maintained? YES ☐ or NO ☐

PROPOSED POLICY		Tick the Package you require and indicate the Sums Insured/Amounts required	
		HomeSure "Silver"	HomeSure "Gold"
PERILS/EXTENSIONS		<input type="checkbox"/>	<input type="checkbox"/>
• Fire, Smoke, Lightning and Explosion		✓	✓
• Aircraft Damage		✓	✓
• Riot, Strikes, Locked-out Workers		✓	✓
• Malicious Damage		✓	✓
• Earthquake or Volcanic Eruption		✓	✓
• Hurricane, Typhoon, Tornado, Cyclone or Storm		✓	✓
• Flood		✓	✓
• Falling of Trees or Branches		✓	✓
• Escape of Water or Oil from any Water Tank, Apparatus or Pipes caused by Bursting or Overflowing of such Installations		✓	✓
• Frost damage to or the bursting of any pipes and plumbing installation		✓	✓
• Impact by any Third Party Road Vehicle or Animal		✓	✓
• Theft (following forcible entry/exit)		✓	✓
• Electrical Appliances Short Circuit		✓	✓
• Extension of cover for "Hurricane/Typhoon/Tornado/Cyclone/Storm" for Items installed in the Open as itemized below			
(a) Water Towers, Solar Panels& Antennas	Sum Insured € <input type="text"/>	€2.000	€5.000
(b) Pergolas and Awnings	Sum Insured € <input type="text"/>	€2.000	€5.000
• Unoccupancy	Number of Days <input type="text"/>	✓ 60 days	✓ 60 days
• Alternative Accommodation		✓ up to 10% of Total Sum Insured	✓ up to 15% of Total Sum Insured
• Loss of Rent		✓ up to 10% of Total Sum Insured	✓ up to 15% of Total Sum Insured
• Removal of Debris		✓ up to 10% of Sum Insured of Building	✓ up to 15% of Sum Insured of Building
• Architects and Surveyors' Fees		✓ up to 10% of Sum Insured of Building	✓ up to 15% of Sum Insured of Building
• Temporary Removal (for Contents only)		✓ up to 15% of Sum Insured of Contents	✓ up to 15% of Sum Insured of Contents
• Accidental Damage to Fixed Glass & Windows and Fixed Sanitary Ware		€500	€1.000
• Accidental Damage to Drains/Pipes/Cables And Underground Tanks on your land providing services to or from the home		€500	€1.000
• Detection and Repair of Leakage ("Track and Trace")		€1.500	€2.000
• Frozen Foods *		€200	€300
• Guest Belongings *		€300	€500
• Security Watch		€80 per day (up to 3 days)	€ 120 per day (max 3 days)
• Rehabilitation Expenses		€5.000	€7.500
• Death of the Insured		€25.000	€50.000
• Public Liability (as Owner or Occupier)		€200.000	€250.000
• Liability For Use Of Lifts (as Owner)		✓	✓
• Employers Liability for Domestic Staff	No of Employees <input type="text"/> Annual Wages € <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
• "All Risks" on Valuables and Personal Possessions		<input type="checkbox"/>	<input type="checkbox"/>
• Escalation Clause **	Annual Increase % <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Reinstatement Value Basis (New for Old) **		✓	✓
IF YOU REQUIRE EMPLOYERS LIABILITY COVER FOR DOMESTIC STAFF please give particulars		Employer Name <input type="text"/>	A.M.E <input type="text"/> Identity No <input type="text"/>

* only applicable when Contents are also insured with the building

** Not applicable on Clothing, Personal Effects and Household Linen or Valuables

HEAD OFFICE: 5 Limassol Avenue, 2112 Aglantzia, Nicosia, Cyprus, Tel.:+357-22882500, Fax:+357-22882399

POSTAL ADDRESS: P.O. Box 22220, 1519 Nicosia, Cyprus www.eurosure.com

HOMESURE Proposal (English) / Version 6 (03.2023)

AMOUNTS TO BE INSURED

*The Sums Insured of each item must represent the Full Value of the Property at Risk as New
(If the spaces provided below for declarations are not sufficient, please use separate form)*

**SUM INSURED
AMOUNTS**☐ **A) Buildings & Other Structures**

i) Buildings & Outbuildings

€

ii) Swimming Pool with its installations

€

iii) Other Structures, *please specify*

€

TOTAL Buildings & Other Structures

€

☐ **B) Contents and Valuables**

i) Furniture, Household Goods and Appliances, Electrical Equipment, Fixtures Fittings and Utensils, Garden Furniture

€

ii) Clothing and Personal Effects and Personal Effects Of The Insured's Domestic Staff *¹

€

iii) Specify Contents held in Garages and /or Outbuildings

€

iv) Persian Carpets, Sporting Guns, Musical Instruments, Antique Furniture and other Antique items, Collections of Porcelain, Icons, Pictures Paintings & other Works of Art, Household Silverware and other similar articles *¹

(a) All items of individual value of less than €2.000

€

(b) Please specify items of individual value of more than €2.000
(*specify individual items to be insured separately and provide individual Valuation Certificates*)

€

v) Valuable items of Gold, Silver, Platinum or other precious Metal and Stones, Jewellery, Personal Ornaments, Watches, Furs, Stamp Collections, Coin Collections and other similar articles of value) *¹*(Do not declared any items for which cover will be included under "All Risks" section)*

(a) All items of individual value of less than €2.000

€

(b) Please specify items of individual value of more than €2.000
(*specify individual items to be insured separately and provide individual Valuation Certificates*)

€

TOTAL Contents and Valuables

€

TOTAL SUM INSURED

€

*¹ Reinstatement Value Basis is not applicable on Clothing, Personal Effects and Household Linen or Valuables

GENERAL INFORMATION

- a. Are hazardous materials kept on the premises? YES ☐ or NO ☐ If Yes, please give details and quantities
- b. Please specify to what extent (number of days) the premises are left unoccupied during the year
- c. Please specify the construction and occupation of adjoining and adjacent premises or land
- d. Are there any other insurances on the property for this Insurance? YES ☐ or NO ☐ If Yes, please give details
- e. Have you ever suffered loss or claim by fire or by any of the additional perils? YES ☐ or NO ☐ If Yes, please give details
- f. Have you ever been refused insurance cover in respect of the interest proposed under this or any other insurance proposal?
YES ☐ or NO ☐ If Yes, please give details
- g. Is there any other material or important fact within your knowledge, regarding this Proposal of Insurance which should be submitted to the Company for their consideration of the risk? YES ☐ or NO ☐ If Yes, please give details
- h. Do you have any other Insurance Policies with Eurosure Insurance Company Ltd? YES ☐ or NO ☐ If Yes, please give details

PREMIUM PAYMENT

I wish my annual premium to be paid as follows (please mark ✓ or X whichever option applies)

- ☐ Settlement in ONE (1) Instalment
- ☐ Settlement in:
- ☐ TWO (2)
- ☐ THREE (3)
- ☐ FOUR (4)
- consecutive monthly instalments (one-off charge €1,00 for each instalment)
- Note:** *In all cases, the 1st Instalment is due for payment on or before the starting date of the period of the Insurance*
- ☐ Direct Debit Banking Mandate

I would like to pay my policy premium using a Direct Debit, and hereby enclose a signed Direct Debit Mandate form

Note: *Where the duration of the policy is less than one year, premium must be fully prepaid*

STATUTORY DECLARATION AND CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA

Forming part of this Proposal Form which together shall constitute the basis of the Policy which may be issued.
(All references to the singular shall also mean to the plural unless the context otherwise requires)

I declare that the answers and information which have been given in this Insurance Proposal Form are absolutely correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy which may be issued to me by Eurosire Insurance Company Ltd (hereinafter referred to as Eurosire or the Company). I further agree that I shall accept to be indemnified based on the Terms and Conditions which will appear in and/or which will be endorsed in the Insurance Policy which may be issued to me.

I declare that any Insurance Intermediary or other Representative or Employee of Eurosire who helps me in completing or who completes on my behalf the Proposal Form and/or assists me in the completion of any other document and/or provides any information to the Company for the purpose of obtaining a quotation and/or any subsequent Insurance coverage for me is acting on my behalf.

I declare that the cover which may be provided as well as my responsibilities and obligations under the Insurance Policy in respect of which this Proposal is completed has been fully explained to me by the Insurance Intermediary named below or by any representative or employee of Eurosire I declare that it fully satisfies my insurance requirements in relation to the subject matter of insurance under this Proposal.

I declare that I understand that Eurosire is not obliged to accept and offer any Insurance coverage based on this Proposal and only when confirmation of cover has been issued by the Company in writing will any cover apply.

I declare that under the provisions of the General Data Protection Regulation (GDPR) (EE) 2016/679 or any other Law or other regulation amending or replacing it, Eurosire, as processors of personal data within the meaning of the GDPR, may collect and process personal data for the sole purpose of providing the services I request from the Company. Eurosire may process/pass on my personal data to third parties to the extent that this is required as a contractual necessity, on the ground of legal obligations, and legitimate interest.

I also declare that I understand that such personal, sensitive and confidential information which has been given or will be given in the future to Eurosire by me or has been provided by Third Parties to the Company or has been abstracted from other Insurances, other Companies or other information for the purpose of providing their services to me, may be given to Third Parties, other Insurers, Insurance and Reinsurance Intermediaries, such as Surveyors/Adjusters, Repairers, Legal Advisors, Doctors, Insurance Consultants, Auditors, Reinsurers in order to provide me with the services and fulfilment of tasks deriving.

Consent - Sensitive Personal Data

In accordance with the provisions of articles 5, 6, 7 and 9 of the General Data Protection Regulations, I declare that I understand that Eurosire Insurance Company Ltd needs to collect, evaluate and process personal data that is relevant to health in order to proceed with the preparation of the appropriate insurance program. The assessment of my personal data of this nature will allow Eurosire either to accept or not the insurance claim and to calculate the premium corresponding to the risk assumed.

I declare that I understand, that for the smooth operation of the insurance contract both at the risk assessment stage and especially at the time of the insured event, my consent covers both the reception and transmission of sensitive data to and from third parties (such as Insurance Funds, Hospitals, Diagnostic Centers, etc.).

Personal data will be retained for the minimum amount of time required under the Company's contractual or legal obligations.

I understand that if I do not wish to consent to the processing of my sensitive personal data, the insurance company may reject the application for insurance.

I have the right to recall my consent at any time by informing the Data Protection Officer of the Company in writing, either by letter to the Company's mailing address or by email dpo@eurosire.com.

Statement of Consent

☐ I consent that Eurosire Insurance Company processes my Sensitive Personal Data for the purpose of providing insurance services

Signature of Proposer**Date****Signature of Proposer****Date****Name of the
Insurance Intermediary****Signature of the
Insurance Intermediary**

(Signing this form does not bind you to complete this insurance)

The insurance will not come into force until the Proposal has been accepted in writing by the Company.