

1. Do you suffer from any physical defect or infirmity?

If YES, please give details:

2. Do you suffer from any disease of the eyes, ears, heart or seizures or AIDS or diabetes or any other chronic disease?

If YES, please give details:

3. Are you being exposed to any particular hazard in relation to your work and the nature of its duties?

If YES, please give details:

4. Has your proposal in respect to Life, Accident or Medical Insurance ever been declined or been accepted only under special conditions?

If YES, please give details:

5. Do you have any other accident insurance?

If YES, please give details:

6. Have you ever claimed or received compensation under any accident or sickness policy?

If YES, please give details:

7. Are you engaged in any "dangerous" sport activities? If you wish to be covered for accidents in hunting or motor-cycling, please specify.

If YES, please give details:

8. Kindly state the "Make" and Type of car you own or the transportation you usually use.

Initials

SCALE OF COMPENSATION REQUIRE

Category

BENEFITS	SUN INSURED	PREMIUMS
A. DEATH	€	€
B. PERMANENT TOTAL DISABLEMENT (LUMP SUM)	€	€
C. TEMPORARY TOTAL DISABLEMENT(PER WEEK)	€	€
D. STAY IN A HOSPITAL OR CLINIC	€	€
E. MEDICAL EXPENSES (FOR EACH ACCIDENT)	€	€

Declaration

1. I hereby declare that prior to the signing of this proposal, I have carefully read the questions contained therein and the answers given to them, notwithstanding if the proposal was completed by me personally or not and I hereby declare that I agree with the content of the answers given.

2. I hereby declare that according to the Data Protection (Protection of the Person) Act 138(I) of 2001, ATLANTIC INSURANCE COMPANY PUBLIC LTD, under its capacity as Controller within the meaning of the Law, has informed me that:
 - (a) For the conclusion and the execution of the Insurance Contract, the collection and processing of personal data, sensitive or not, is necessary.
 - (b) The data will be filed in physical or electronic form in one or more interconnected file systems which will be kept by the Company and/or subsidiary and/or contracting and/or partner company.
 - (c) Receivers of the data will be the duly authorised personnel of the Company and/or subsidiary and/or contracting and/or partner company who are under the control of the Controller and are obliged to withhold the confidentiality of the data.
Except for the above, the data may be used for advertising purposes for products and services and/or research and statistical analysis.
 - (d) I have the right of information, access and amendment of the relevant file/s.
 - (e) In case that I object to the processing of the data or I refuse to authorise, the Company has the right to reject the Insurance Proposal or terminate the Insurance Contract or reject any claim for compensation.

Furthermore I hereby declare that I have fully comprehended the provisions of the Data Protection (Protection of the Person) Act 138(I) of 2001, as described above, and I hereby expressly and unconditionally declare that I accept and agree that my personal data, sensitive or not, be collected and legally and lawfully processed by the Company and/or subsidiary and/or contracting and/or partner company, for the purposes mentioned above.

Initials

3. I hereby declare that the answers provided in the Proposal are true to the best of my knowledge and I have not withheld, concealed or misrepresented any information which might affect the Company's decision in relation to the acceptance of this Proposal.

I agree that if any information has been given by any person other than myself, this person will be considered as acting on my behalf for this purpose.

I agree that this Proposal is considered as forming part of the Policy and becomes the basis of the contract between myself and the Company and I accept the Policy as this is issued by the Company for the Insurance that is now proposed.

I also agree to inform the Company for any substantial changes to the risk to be insured.

4. I hereby declare that I was duly informed by the Company and/or by the person who acts on its behalf as an insurance mediator, of all the information specified in the Exercise of Insurance and Other Relevant Matters Act 35(I) of 2002 as amended and specifically that:

(a) The Insurance Contract to be concluded will be governed by the Laws of the Republic of Cyprus.

(b) I have a right to file a complaint in writing addressed to the Manager of the Company at the Head Offices located at 15, Esperidon Str., 2001 Strovolos, Nicosia who is obliged to answer and provide all necessary explanations within twenty-one (21) days from the filing of the written complaint. In any case this procedure will not and can not deprive me of my right to recourse to the Courts of Justice.

(c) According to the information given to me, ATLANTIC INSURANCE COMPANY PUBLIC LTD is a Cypriot Insurance Company registered in the Republic of Cyprus.

Please proceed with the signing of the Proposal only after you have read carefully, understood fully and agree with the above declarations.

PLEASE NOTE THAT

(a) The insurance cover will be put into force from the moment that the risk will be accepted by the Company and the relevant Policy is issued and delivered to you, with the exception of any temporary provisional cover which is verified by the issue and handling to you of the relevant cover note.

(b) The Company reserves the right to reject any Proposal for Insurance.

Signature of Proposer:	Date:
Agent/ Salesman Name:	
Agent/ Salesman Signature:	Code: