



## Secure home

### Proposal Form

Intermediary's Code

#### Policyholder's Personal Details

Man: <input type="checkbox"/>	Woman: <input type="checkbox"/>	Company: <input type="checkbox"/>	
Surname / Name of company:		Name:	Father's Name:
Correspondence Address-Street:		Number:	City / Village:
Postal Code:	Region:	Telephone No:	
FAX:	E-mail:	Mobile Phone No:	
TAX No:	TAX Office:	Marital status:	
Profession:		Date of birth:	
Would you like to receive your insurance policy in electronic form?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Declare number of beneficiaries of the Benefits' Card CROMAR "HEALTH CARE":			

#### Insured's Personal Details

Same as above: <input type="checkbox"/>	Man: <input type="checkbox"/>	Woman: <input type="checkbox"/>	Company: <input type="checkbox"/>
Surname / Name of company:		Name:	Father's Name:
Correspondence Address-Street:		Number:	City / Village:
Postal Code:	Region:	Telephone No:	
FAX:	E-mail:	Mobile Phone No:	
TAX No:	TAX Office:	Marital Status:	
Profession:		Date of birth:	
Declare number of beneficiaries of the Benefits' Card CROMAR "HEALTH CARE":			

#### Location of Risk (of the House to be Insured)

Street:		Number:	City / Village:
Postal Code:	Region:	Telephone No:	

#### Period of Insurance (Annual)

Inception Date:	(12:00 Noon)	Expiry Date:	(12:00 Noon)
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#### Payment Terms (Minimum Amount of Instalment € 50)

Annually <input type="checkbox"/>	Semi-annually <input type="checkbox"/>	3 instalments <input type="checkbox"/>	Quarterly <input type="checkbox"/>
P.C.P.P.S.S. (Premium Collection Prior to Policy Sending System) <input type="checkbox"/>		"Print & Pay" <input type="checkbox"/>	

#### Building Description

Permanent Residence  Country House

Is the house inhabited by the insured? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the house rented? Yes <input type="checkbox"/> No <input type="checkbox"/>
Square meters (gross incl. external walls): ..... If the property is a flat, please state floor ..... No of flat.....	
If the property is a detached house, please give short description (number of floors, usage per floor):	



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Shell construction:	reinforced concrete <input type="checkbox"/>	other <input type="checkbox"/> (please describe):
Wall construction:	brick <input type="checkbox"/>	other <input type="checkbox"/> (please describe):
Roof construction:	reinforced concrete <input type="checkbox"/>	tiling on wooden beams <input type="checkbox"/> decorative tiling on reinforced concrete <input type="checkbox"/>
	other <input type="checkbox"/> (please describe):	
Year of construction of the building:		
Basement's use:		
Ground floor's use:		

## Subject Matter Insured

### (A) Building (Including foundations)

**Building Insured Value** (Replacement Value – New for Old): €.....

*[minimum value indication per sq. m. for new buildings / € 1.000 - € 1.300]*

**It is pointed out that** the value indications constitute a simple recommendation from the company based on the average values of the construction market. In any case the replacement value as new construction for the building should be stated based upon insured's responsibility.

**Auxiliary areas & External Fixed Installations** (included in the value of the building if they have been analytically stated and included in the Building Insured Value)

- Warehouse	<input type="checkbox"/> sq.m. ....	- Pergolas	<input type="checkbox"/>
- Parking	<input type="checkbox"/> sq.m.....	- BBQ	<input type="checkbox"/>
- Other auxiliary premises	<input type="checkbox"/> .....	- Swimming pool	<input type="checkbox"/>
	.....	- Enclosure, fencing	<input type="checkbox"/>

1 <sup>st</sup> Mortgagee Bank:	Bank loan amount:
2 <sup>nd</sup> Mortgagee Bank:	Bank loan amount:

**Analytical description for the bank:**

### (B) Content (Replacement Value – New for Old)

*[minimum value indication per usable sq. m. € 400]*

Square meters of usable space:	value per sq. m.:	Insured Value: €.....
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- Items of high value (state only the insured value and complete the separate form) <i>(the values are included in the insured value of the Content)</i>	€ .....
- Movable equipment at the external area of the house ( <i>garden, porch furniture etc.</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>Total Sum Insured (A) + (B)</b>	€ .....
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## Additional Information

Are there other insurance policies in force for the same house? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state the name of the insurance company and insured amounts:
Have you insured your property in the past? Yes <input type="checkbox"/> No <input type="checkbox"/>
Has any insurer declined to offer insurance and why? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you hold other insurance policies with our company? Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever had a claim of any cause at your property? Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please state:
- Year of claim .....



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- Cause of claim .....
- Amount of indemnity .....

Have these claims been insured? Yes  No

If yes, please state the name of the insurance company: .....

Have you been compensated? Yes  amount? ..... No  why was your claim rejected? .....

What kind of measures did you take in order to avoid a similar damage in the future?

If the house is older than 25 years old, has the pipe / drainage system been replaced? Yes  No

If yes, please state year of replacement.....

Is there a water pump placed at the basement connected with the electric generator for the protection of the basement from flood?  
Yes  No

**If yes, 5% discount on the basic insurance package that you will select is provided (except for package Secure Home Value).**

Does your house remain uninhabited for a period of more than 45 consecutive days? Yes  No

Is your property located within a forest? Yes  No

If yes, please send us some photographs of the external area of the house and the surroundings electronically via e-mail at [info@cromar.gr](mailto:info@cromar.gr)

In case the house is a country house, please send us some photographs of it (internal, external area and the surroundings of the house) electronically via e-mail at [info@cromar.gr](mailto:info@cromar.gr)

### Security Measures

Is there system of fire detection connected with the Security Company? Yes  No

**If yes, 15% discount on the basic insurance package that you will select is provided (except for package Secure Home Value).**

1. Do you have an alarm system? Yes  No  If yes, please state the name of the Security Company: \_\_\_\_\_

2. Does it have movement detectors and magnetic contacts at all openings? Ναι  Όχι

3. Is it connected with the Security Company on a 24 hours basis? Yes  No

Is the communication / connection:

4. (α) wireless GSM type (connected to mobile phone)? Yes  No

**If all the above (1,2,3 & 4) are true, 40% discount on the premium of the peril of burglary is provided (except for package Secure Home Value) under the condition that in case of damage, analytical list of received signals can be printed from the Security Company (not only concentrated list neither letter-certification that the alarm sounded etc).**

or

5. (β) wired / stable telephony? Yes  No

**If all the above (1,2,3 & 5) are true, 25% discount on the premium of the peril of burglary is provided (except for package Secure Home Value) under the condition that in case of damage, analytical list of received signals can be printed from the Security Company (not only concentrated list neither letter-certification that the alarm sounded etc).**

Fencing: Yes  No

Type of fencing:

Guard:

24 hours guarding  patrol

Security door:

Security window shutters:



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Security locks <input type="checkbox"/>	Window frame safety pins: <input type="checkbox"/>	Window frame claws: <input type="checkbox"/>
Are there any iron bars (railings) at all openings that do not have external shutters? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is your property located in an isolated area? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other protection measures against burglary:		

### Additional Information for Earthquake Cover (only if the coverage is requested)

Building Permit No:	Year of Issue:
Has the ground sustained any landfill, silting, stream coverage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have there been any extensions to the main building (vertically or horizontally)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please describe:	
Have you acquired a permit from Public Authorities for these extensions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Building Permit Extension No:	Year of Issue:
Has the building been built according to the antiseismic regulations which were in force the year of construction?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the building sustained any damage from a previous earthquake?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> at the shell	<input type="checkbox"/> at the walls
Please provide details and communicate with the Company.	
Please indicate approximate distance from a stream, river, cliff etc.	

### Insurance Packages Secure Home

<input type="checkbox"/> Value	<input type="checkbox"/> Classic	<input type="checkbox"/> Superior	<input type="checkbox"/> Supreme
<a href="#">Additional Cover:</a> <input type="checkbox"/> Burglary	<a href="#">Additional Covers:</a> <input type="checkbox"/> Earthquake	<input type="checkbox"/> Burglary	

### Supplementary Perils with Extra Cost

All risks cover for electronic equipment including electronic devices (applied to <b>Classic, Superior &amp; Supreme</b> )	<input type="checkbox"/>	<b>ATTENTION: You have to complete relevant list (please look for the relevant form)</b>
Jewelry cover (applied to <b>Superior &amp; Supreme</b> )	<input type="checkbox"/>	<b>ATTENTION: You have to complete relevant list (please look for the relevant form)</b>
Loss of rent (applied to <b>Classic &amp; Superior</b> )	<input type="checkbox"/>	Annual Sum Insured: €

The present Proposal Form constitutes an integral part of the Insurance Policy that will be issued under the condition that every interested party, i.e. the Policyholder and the Legal Representative, consent and agree to proceed with the issuing of the Insurance Policy, stated and agreed that the Policyholder confirms and declares responsibly that he/she did not omit or hide anything that could have affected the above under evaluation proposed risk and accepts the details mentioned above as valid and true; also states that he/she accepts the present coverage according to the conditions mentioned at the Insurance Policy and agrees that the insurance will be valid after the acceptance of the Proposal Form from the Insurance Company and under the condition that he / she will have paid the premium within the prescribed period.



**Secure home**

POLICYHOLDERS' SIGNATURE

INTERMEDIARY'S SIGNATURE

.....

.....

Date ..... / ..... / .....

Insurance Company's Approval .....

**IN CASE YOU REQUIRE:**  
**A) COVERAGE OF ITEMS OF HIGH VALUE (EXCEEDING € 3.000 PER ITEM), PLEASE COMPLETE THE RELEVANT LIST THAT YOU CAN FIND AT OUR SITE ([http://www.cromar.gr/pages.php?p\\_id=61](http://www.cromar.gr/pages.php?p_id=61))**  
**B) ALL RISKS COVER FOR ELECTRICAL & ELECTRONIC EQUIPMENT AND / OR JEWELRY, PLEASE COMPLETE THE RELEVANT LIST THAT YOU CAN FIND AT OUR SITE ([http://www.cromar.gr/pages.php?p\\_id=61](http://www.cromar.gr/pages.php?p_id=61))**

*Note: Sending of the proposal form does not imply that the risk is accepted by the Insurance Company.*

**Cromar Insurance Brokers**  
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