



Coverholder at

LLOYD'S

Proposal Form

Policyholder's Personal Details Man: 🛛 Woman: 🖵 Company: 🖵 Surname / Name of company: Name: Father's Name: Correspondence Address-Street: Number: City / Village: Postal Code: Telephone No: Region: 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 🛛 No 🖵

SECURE

HOME ALL RISKS

Insured's Personal Details

| Same as above: Man: | Woman: D Company: | | | | |
|--------------------------------|-------------------|---------|---------------------|----------------|----------------|
| Surname / Name of company: Na | | Na | ame: Father's Name: | | Father's Name: |
| Correspondence Address-Street: | | Number: | City / Village: | | |
| Postal Code: | Region: | | | Telephone No | D: |
| FAX: | E-mail: | | | Mobile Phone | e No: |
| TAX No: | : TAX Office: | | | Marital Status | : |
| Profession: | | | Date of birth: | | |

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)

Payment Terms (Minimum Amount of Instalment € 300)

| · · | | | | | | | |
|---------------------------|------------|----------------------|-------------|---------------|-------|-------------|--|
| Annually | | Semi-annually | | 3 instalments | | Quarterly | |
| P.C.P.P.S.S. (Premium Col | lection Pr | ior to Policy Sendin | g System) 🗖 | | "Prir | nt & Pay" 🗖 | |

Building Description

| Permanent Reside | ence 🗆 Country House 🗆 | | |
|---|--|--|--|
| Is the house inhabited by | / the insured? Yes 🗖 No 📮 Is the house rented? Yes 🗖 No 📮 | | |
| Square meters (gross incl | l. external walls): If the property is a flat, please state floor | | |
| If the property is a detached house, please give short description (number of floors, usage per floor): | | | |
| Shell construction: re | einforced concrete 📮 other 📮 (please describe): | | |
| Wall construction: bric | k 🖵 other 🖵 (please describe): | | |
| Roof construction: rein | forced concrete \Box tiling on wooden beams \Box decorative tiling on reinforced concrete \Box | | |
| othe | er 🖵 (please describe): | | |

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| Building Description (contin | nue) | | | | |
|---|------------------------------------|------------|--------------------------|-----------|----------------------------|
| Year of construction of the building: | | | | | |
| Subject Matter Insured | | | | | |
| (A) Building - Main Residence | a 🗆 (Including foundatio | ns) | | | |
| Building Insured Value | | | | | |
| (A) Replacement Value (new for c | <u>old)</u> | | Insured Va | lue: €. | |
| [minimum value indication per sq. m. fo | or new buildings / € 1.300 - € 1.9 | 900] | | | |
| 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. | | | | | |
| (B) Pre-agreed cost of reconstruct | <u>tion</u> | | Insured Va | lue: €. | |
| (according to surveyor's evaluation) | | | | | |
| | | | | h h - | |
| Auxiliary areas & External Fix | | i the valu | e of the building if the | y nave be | en analytically statea ana |
| included in the Building Insured Val Warehouse | □ sq.m | Dou | golas | | |
| | - | - Per | golas | | |
| - Parking | 🖵 sq.m | - BB(| Q | | |
| - Other auxiliary premises | • | - Sw | imming pool | | |
| | | - End | closure, fencing | | |
| ★ Surrounding outdoor area (trees, plants, bushes, grass etc.) Yes □ No □ sq.m. | | | | | |
| 1 st Mortgagee Bank: | | | Bank loan amo | unt: | |
| 2 nd Mortgagee Bank: Bank loan amount: | | | | | |
| Analytical description for the bank: | | | | | |
| • | | | | | |

(B) Content **(***Replacement Value - New for Old*)

| Square meters of usable space: value per sq. m.: | Insured Val | ue: € | |
|---|---------------------------|------------------|--|
| * Movable equipment at the external area of the house (garden, por | <u>ch furniture etc.)</u> | Yes 🖬 No 🗖 | |
| * Jewellery | Yes 🖬 No 🗖 | Insured Value: € | |
| Items of high value (state only the insured value and complete the separate form) Insured Value: € (the values are included in the insured value of the content) Insured Value: € | | | |
| TOTAL INSURED VALUES € | | | |
| Additional Information | | | |
| Are there other insurance policies in force for the same house? Yes 🗖 No 📮 | | | |
| If yes, please state the name of the insurance company and insured amounts: | | | |
| Have you insured your property in the past? Yes \Box No \Box | | | |
| Has any insurer declined to offer insurance and why? Yes \Box No \Box | | | |
| Do you hold other insurance policies with our company? Yes 🖵 No 🖵 | | | |

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|--|--|
| Additional Information (continue) | |
| Have you ever had a claim of any cause at your property? Yes \Box No \Box If yes, please state: Year of claim | |
| Cause of claim Amount of indemnity | |
| Have these claims been insured? Yes I No I If yes, please state the name of the insurance company: | |
| Have you been compensated? Yes \square amount? No \square why was you have you been compensated? Yes \square amount? | our 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 If yes, please state year of replacement | s 🗖 No 🗖 |
| Does your house remain uninhabited for a period of more than 45 consecutive days? Yes | s 🗖 No 🗖 |
| Is your property located within a forest? Yes \Box No \Box If yes, please send photographs of the external area of the house and the surroundings e | lectronically via e-mail at info@cromar.gr |
| In case the house is a country house, please send photographs of it (internal, external are electronically via e-mail at info@cromar.gr | a and the surroundings of the house) |
| Security Measures | |
| Is there system of fire detection connected with the Security Company's signal reception | & monitoring centre? Yes 🗖 No 🗖 |
| Is there a water pump placed at the basement connected with the electric generator for t Yes \Box No \Box | he protection of the basement from flood? |
| 1. Do you have an alarm system? Yes \square No \square If yes, please state the name of the Sec | curity Company: |
| 2. Does it have movement detectors and magnetic contacts at all openings? Yes \Box No | |
| 3. Is it connected with the Security Company on a 24 hours basis? Yes \Box No \Box | |

Is the communication / connection:

(a) wireless GPRS type (wireless uninterrupted connection with a security company's signal reception & monitoring centre)? Yes 🛛 No 🖵 or

| (b) wired / stable telephony? Yes 🖵 No | | | |
|---|--|---------------------|--|
| Guard: 🗖 | 24 hours guarding 🗖 patrol 🗖 | | |
| Fencing: Yes 🗖 No 🗖 | Type & height of fencing: | | |
| Security door: 🗖 | Security window shutters: $lacksquare$ | | |
| Security locks 🗖 | Window frame safety pins: 🗖 | Window frame claws: | |
| Are there any iron bars (railings) at all openings that do not have external shutters? Yes 🗖 No 📮 | | | |
| Is your property located in an isolated area? Yes 🗖 No 📮 | | | |
| Other protection measures against burglary: | | | |

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| 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 🗖 No 🗖 |
| Have there been any extensions to the main building (vertically or horizontally)? | Yes 🗖 No 🗖 |
| If yes, please describe: | |
| Have you acquired a permit from Public Authorities for these extensions? | Yes 🗖 No 🗖 |
| Has the building been built according to the antiseismic regulations which were in force the year of construction? | Yes 🗖 No 🗖 |
| Has the building sustained any damage from a previous earthquake? | Yes 🗖 No 🗖 |
| at the shell at the walls | |
| Please provide details and communicate with the Company. | |
| Please indicate approximate distance from a stream, river, cliff, the sea etc. | |
| | |

SECURE HOME ALL RISKS

Supplementary Perils

| Jewelry cover | ATTENTION: You have to complete relevant list |
|------------------------|--|
| Items of high value | ATTENTION: You have to complete relevant list |
| Earthquake / Landslide | |
| Loss of rent | Annual Sum Insured: € |

The present Proposal Form constitutes an integral part of the Insurance Policy to be issued, provided that each of the parties concerned, i.e. the Policyholder and the Legal Authorized Representative, accept and agree to proceed with the issuing of this Insurance Policy.

Before submitting this Insurance Proposal, a) the Insurance Broker has identified the insurance needs of the Policyholder, b) the characteristics of the insurance product have been explained in an understandable and objective manner and the Policyholder has been adequately informed of the insurance coverage, rights and obligations provided, c) the relevant Insurance Product Information Document has been given to the Policyholder (as per Article 20 of Directive (EC) 2016/97) and d) the Policyholder has been adequately explained the reasons why the insurance product he/she has chosen satisfies the requirements / needs and has chosen the insurance product after being informed about the covers offered by the specific product and its purchase cost.

It is stated and agreed that a) the Policyholder of the Insurance confirms and declares responsibly that he has not omitted or concealed anything that could affect the risk considered above and accepts the facts mentioned above as true and genuine. He also declares that he accepts this insurance under the terms stated in the policy and agrees that the insurance will apply after the acceptance of the Proposal Form by the Company and provided that he will pay the due premium in due time.

| | Code: |
|--|---|
| | Chamber ID Number: |
| Intermediary who contacted directly the Policyholder: | Tax Identification Number: |
| | Signature: |
| | I declare that this proposal has been completed and signed in my presence |
| | Code : |
| Intermediary who contacted CROMAR: | Chamber ID Number: |
| (completed if intermediary is different from the former) | Tax Identification Number: |
| | Signature: |

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Code : _____

Intermediary's Coordinator: (who is ultimately responsible for overseeing the Intermediary who contacts directly the Policyholder) Chamber ID Number:

Tax Identification Number: _____

Signature: _

Policyholder's signature

.....

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

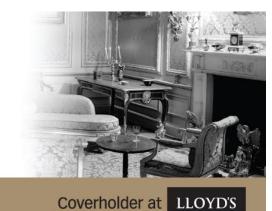
Insurance Company's Approval

<u>Note</u>: Sending of the proposal form does not imply that the risk is accepted by the Insurance Company.

Attica: 17, Ag. Konstantinou & Ag. Anargiron Str., Marousi 15124 - Tel. 210 8028946-7 Fax 210 8029055, E-mail info@cromar.gr Thessaloniki: 24, Politechniou Str., Thessaloniki 54625 - Tel. 2310 502506 -7 Fax 2310 526028







List of items of high value

Please fill in the full data of the items of the list per category. The data that will not be filled in, will be considered unknown to you.

Photos taken by digital camera are necessary unless there is different agreement with the Insurance Company (in order to have matching and accordance with the list, please fill in No in both list and photos).

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HOME ALL <u>RISKS</u>

The Insurance Company is pledged only by official documentation or valuations of specialized professionals, surveyors or bodies.

The Insurance Company compensates items of maximum value € 3.000 without their reference in the list.

ELECTRICAL / ELECTRONIC DEVICES / STEREOS / PHOTO CAMERAS etc.

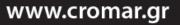
| Kind | Year of Purchase | Brand | Model | Serial No | Power (watt) | Declared Value |
|------|---------------------|-------|-------|-----------|--------------|-------------------|
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CARPETS

| Country of origin | Year of Purchase | Material | Dimensions | Handmade or machine-made | Declared Value |
|-------------------|---------------------|----------|------------|-----------------------------|-------------------|
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SILVERWARE / CRYSTALS / UTENSILS / ORNAMENTAL / ANTIQUES

| Kind | Year of Purchase | Material | Other characteristics | Declared Value |
|------|---------------------|----------|-----------------------|-------------------|
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ARTWORKS / FINE ART (Paintings, icons, sculptures, statues etc.)

| Kind | Year of Purchase | Theme | Material | Artist | Dimensions | Declared Value |
|------|---------------------|-------|----------|--------|------------|-------------------|
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SECURE

HOME ALL RISKS

CLOTHING [FURS (Please mention if they are parts or whole animal), **LEATHER etc.**]

| Kind | Year of Purchase | Material | Country of origin | Brand | Other characteristics | Declared Value |
|------|---------------------|----------|----------------------|-------|-----------------------|-------------------|
| | | | | | | |
| | | | | | | |
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VARIOUS ACCESSORIES (OF CLOTHING etc.)

| Kind | Year of Purchase | Material | Dimensions | Country of origin | Brand | Other characteristics | Declared Value |
|------|---------------------|----------|------------|----------------------|-------|--------------------------|-------------------|
| | | | | | | | |
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OTHER THAN THE ONES MENTIONED ABOVE

| Kind | Year of Purchase | Material | Dimensions | Country of origin | Brand | Other characteristics | Declared Value |
|------|---------------------|----------|------------|----------------------|-------|--------------------------|-------------------|
| | | | | | | | |
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SECURE

HOME ALL RISKS

PROPOSER'S SIGNATURE

INTERMEDIARY'S SIGNATURE

DATE/..../.....

.....

.....

Insurance Company's Approval

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Coverholder at LLOYD'S

Privacy Policy of CROMAR Insurance Brokers S.A.

CROMAR Insurance Brokers SA (henceforth referred to as "the Company"), is committed to protecting the confidentiality of its customers. This current privacy policy details how we process Personal Data we collect, as part of our business activities.

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What is Personal Data and how is it collected?

"Personal Data" is information that identifies you and relates to you or other persons (such as persons dependent on you). This Privacy Policy describes how we manage this personal data that we collect from various sources such as:

- insurance requests, claims requests, insurance policies, contracts of any type,
- telephone calls, e-mail messages and other means of communication, online or postal submission of CVs,
- service providers, insurance brokers, insurance advisors and agents, surveyors, technical advisors, health professionals, employers and other third parties,
- Public (Civil) and judicial services,
- from databases such as from the Statistical Service of Insurance Companies and the Auxiliary Fund Information Center,
- our website (<u>www.cromar.gr</u>),
- software applications which are available for your use,
- our social media and network pages
- and through other sources allowed by the current legislation and especially through the General Data Protection Regulation (EU) 2016/679.

Before you disclose to us the Personal Data of a third party, you must inform them of the contents of this Privacy Policy and obtain their consent respectively.

Who is the person responsible for processing Personal Data?

CROMAR Insurance Brokers SA, headquartered at 17 Ag. Konstantinou & Ag. Anargyron, 15124 Marousi, Greece, is responsible for processing your Personal Data.

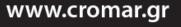
Who is the Data Protection Officer?

If you have any questions regarding the handling of your Personal Data you can send an e-mail to <u>dpo@cromar.gr</u> or contact us by phone at 210 8028946 or by fax at 210 8029055.

How we use your Personal Data

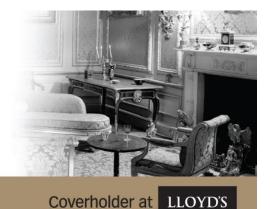
We use your Personal Data to:

- communicate with you as part of our business
- send you important information relevant to how our insurance policies function
- evaluate insurance proposals and provide insurance services and support
- provide high quality service and training
- identify and prevent crimes related to fraud and money laundering, and to analyze and manage the insured risks
- carry out market research and analysis, including surveys regarding customer satisfaction
- facilitate the functionality of using social media
- manage complaints and requests for access to or correction of data
- comply with current legislation and regulations and respond to requests from public and government authorities
- protect our business operations and minimize our losses









Transmission of Personal Data

Your data will be passed on within our company to departments responsible for accepting the risk, for the proper and uninterrupted operation of your insurance policy and for your compensation such as: the underwriting, processing, claims, customer service department, etc.

Your personal data may be passed on to legal entities and / or persons with whom we maintain contracts for the proper servicing and compensation of our policyholders as well as for the assessment of a claim.

However, you should be aware that in this case, these legal entities and / or persons will process your personal data solely for the purpose of providing services to us and not for their own benefit, acting as data processors.

International Transfer of Personal Data

Due to our role and activity as Coverholder at Lloyd's, for the purposes outlined above, we may transfer Personal Data to third parties established in other European Union countries and the United Kingdom. In each transmission, we always take every step required to ensure that the data to be transmitted is always the minimum necessary and that the conditions for legitimate and lawful processing are always met.

Personal Data Security

CROMAR Insurance Brokers SA will take appropriate technical, physical, legal and organizational measures that comply with the applicable privacy and security laws. Unfortunately, it is not possible to guarantee that it is 100% secure to transfer data over the Internet or other data storage system. If you feel that your personal information held by us has been compromised in any way, please notify our Company's Data Protection Officer.

When CROMAR Insurance Brokers SA provides personal data of its policyholders to a service provider for the management of the insurance policy, the provider will be carefully selected and will have to take appropriate measures to protect the confidentiality and security of this data.

What are your rights

You may at any time exercise the right to update, access and correct your Personal Data. In addition, and provided that the legal requirements are met, you can exercise:

- the right to delete your Personal Data
- the right to limit the processing of your Personal Data
- the right to Data Portability
- the right to object to processing, including automated decision making and profile development
- the right to withdraw your consent to processing at any time, without prejudice to the legitimacy of the consent-based processing before it is revoked
- the right to file a complaint with the competent Supervisory Authority

How long do we keep your Personal Data?

We ensure that the Personal Data we collect is processed for no longer than is necessary to meet the specific purpose it was provided for and / or as required to comply with any record keeping obligation provided for by any applicable law.

Use of Cromar Electronic Services by Minors

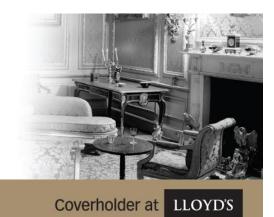
Our e-Services are not intended for persons under eighteen (18) years of age, and we ask those persons not to provide Personal Information through our Electronic Services.

Use of Cookies

In order to personalize your visit to our website and to ensure the operation of certain features of our Website, we use "cookies" to collect and store data. For more information, please refer to our cookie policy, which is accessible on the official website of CROMAR Insurance Brokers SA (www.cromar.gr).







Changes to this Privacy Policy

We review this Policy regularly and reserve our right to make amendments at any time to take account of changes in our business activity and legal requirements. We will post the updates on our Website.

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Declaration of Consent for the Processing of Personal Data

(The signing of this statement is necessary for the processing and operation of the policy)

As a Policy Holder / Insured I declare that:

- 1. I have read the "Information on the Processing of Personal Data" section of the insurance application.
- 2. I have been notified of the Processing of Personal Data by Cromar Insurance Brokers SA, and of the rights I have and maintain as a data subject (i.e. access, correction, deletion, restriction, portability and objection). Also, for my right to revoke at any time in the future the consent I hereby grant to this declaration as well as my rights referred to in Articles 12-22 of the General Data Protection Regulation.
- 3. I give my explicit consent (Article 7 of Regulation 2016/679) to the above Company for the following:
 - a. For the processing of the Personal Data included in this insurance application, as well as any further data that might come to the knowledge of the Company in the future and is related to the insurance policy I am applying for, as well as to its operation.
 - b. To keep records of all the above data in electronic or other form.

I acknowledge that the processing of Personal Data is absolutely necessary for the operation of the insurance policy I am requesting and that any revocation in the future will give the Company the right to terminate the insurance policy issued on the basis of it with immediate effect.

Full name

Signature







Coverholder at LLOYD'S

Declaration of Consent for the Processing of Personal Data for Commercial / Promotional / Research Purposes

As a Policy Holder / Insured I declare that:

- 1. I have read the "Information on the Processing of Personal Data" section of the insurance application.
- 2. I have been notified of the Processing of Personal Data by Cromar Insurance Brokers SA, and of the rights I have and maintain as a data subject (i.e. access, correction, deletion, restriction, portability and objection). Also, for my right to revoke at any time in the future the consent I hereby grant to this declaration as well as my rights referred to in Articles 12-22 of the General Data Protection Regulation.

SECURE HOME

3. I give my explicit consent (Article 7 of Regulation 2016/679) to the above Company for the processing of the Personal Data included in this insurance application for commercial, promotional and research purposes, as well as to keep records of all the above data.

Full name

Signature

