



CROMAR
INSURANCE BROKERS SA

**SECURE
HOME
ALL RISKS**



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Coverholder at **LLOYD'S**

Proposal Form

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"/>

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:	

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 € 300)

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			
If the property is a detached house, please give short description (number of floors, usage per floor):			
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):			

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Building Description (continue)

Year of construction of the building:

Subject Matter Insured

(A) Building - Main Residence *(Including foundations)*

Building Insured Value

(A) Replacement Value (new for old)

Insured Value: €

[minimum value indication per sq. m. for new buildings / € 1.300 - € 1.900]

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 reconstruction

Insured Value: €

(according to surveyor's evaluation)

❖ **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"/>

❖ **Surrounding outdoor area (trees, plants, bushes, grass etc.)** Yes No sq.m.

1st Mortgagee Bank: Bank loan amount:

2nd 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 Value: €

❖ **Movable equipment at the external area of the house (garden, porch furniture etc.)** Yes No

❖ **Jewellery** Yes No Insured Value: €

❖ **Items of high value** *(state only the insured value and complete the separate form)*
(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 No
- Has any insurer declined to offer insurance and why? Yes No
- Do you hold other insurance policies with our company? Yes No



Additional Information (continue)

Have you ever had a claim of any cause at your property? Yes No

If yes, please state: Year of claim

- 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.....

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 photographs of the external area of the house and the surroundings electronically via e-mail at info@cromar.gr

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

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 the protection of the basement from flood?

Yes No

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? Yes No

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

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:

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:



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)? If yes, please describe:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you acquired a permit from Public Authorities for these extensions?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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? <input type="checkbox"/> at the shell <input type="checkbox"/> at the walls	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details and communicate with the Company.	
Please indicate approximate distance from a stream, river, cliff, the sea etc.	

Supplementary Perils

Jewelry cover	<input type="checkbox"/>	ATTENTION: You have to complete relevant list
Items of high value	<input type="checkbox"/>	ATTENTION: You have to complete relevant list
Earthquake / Landslide	<input type="checkbox"/>	
Loss of rent	<input type="checkbox"/>	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.

Intermediary who contacted directly the Policyholder:

Code: _____

Chamber ID Number: _____

Tax Identification Number: _____

Signature: _____

I declare that this proposal has been completed and signed in my presence

Intermediary who contacted CROMAR:
(completed if intermediary is different from the former)

Code : _____

Chamber ID Number: _____

Tax Identification Number: _____

Signature: _____



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

Code : _____

Chamber ID Number: _____

Tax Identification Number: _____

Signature: _____

Policyholder's signature

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

.....

Insurance Company's Approval

Note: 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

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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).

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

CARPETS

Country of origin	Year of Purchase	Material	Dimensions	Handmade or machine-made	Declared Value

SILVERWARE / CRYSTALS / UTENSILS / ORNAMENTAL / ANTIQUES

Kind	Year of Purchase	Material	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

PROPOSER'S SIGNATURE

INTERMEDIARY'S SIGNATURE

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

.....

.....

Insurance Company's
Approval

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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.

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 (www.cromar.gr),
- 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 dpo@cromar.gr 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

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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).

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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.

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



**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.
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