



CROMAR
INSURANCE BROKERS SA

**SECURE
HOME
FOR
EXPATRIATES**



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Coverholder at **LLOYD'S**

Proposal Form Expatriates & Holiday Rental Residences

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:			Ημερομηνία γέννησης:			

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 €150)

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 inhabited by the insured Permanent rented as touristic accommodation

Vacation inhabited by the insured Vacation rented as touristic accommodation

Square meters (gross incl. external walls):		If the property is a flat, please state floor.....	
Number of rooms:			
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:			

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Subject Matter Insured

(A) Building (Including foundations)

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

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

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"/>

1st Mortgagee Bank:

Bank loan amount:

2nd Mortgagee Bank:

Bank loan amount:

Analytical description for the bank:

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

[προτεινόμενη αξία ανά τ.μ. ωφέλιμου χώρου κατ'ελάχιστον € 400]

Square meters of usable space: value per sq. m.: 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)	€
- Movable equipment at the external area of the house (garden, porch furniture etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Total Sum Insured (A) + (B) €

Additional Information

Is the residence used as a touristic accommodation? Yes No

If yes, please state rental period:

Is the residence rented by you or via other company or an internet site? Yes No

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

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

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Additional Information (continue)

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

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

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

Security Measures

Is there system of fire detection connected with the Security Company? 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:

4. (a) wireless GPRS type (uninterrupted connection with the Security Company)? Yes No

or

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

Fencing: Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of fencing:	Height of fencing:
Guard: <input type="checkbox"/>	24 hours guarding <input type="checkbox"/> patrol <input type="checkbox"/>	
Security door: <input type="checkbox"/>	Security window shutters: <input type="checkbox"/>	
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 No

Is the residence located in the community / housing estate? Yes No

Is the residence supervised the time periods that remains closed? Yes No How often?

Other protection measures against burglary:

Additional Information for Earthquake Cover

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:

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Coverholder at **LLOYD'S**



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Additional Information for Earthquake Cover (continue)

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?	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	

General Third Party Liability Insurance

Limit of Liability up to € 2.000.000 <input type="checkbox"/>	Additional annual premiums # € 180 #
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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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Coverholder at **LLOYD'S**



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SECURE HOME
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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: _____

POLICYHOLDERS' SIGNATURE

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

.....

Insurance Company's Approval

**IN CASE YOU REQUIRE:
 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

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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Privacy Policy of CROMAR Insurance Brokers SA

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

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.

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INSURANCE BROKERS SA

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HOME
FOR
EXPATRIATES**



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Coverholder at **LLOYD'S**

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 Ltd. 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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Coverholder at **LLOYD'S**



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INSURANCE BROKERS SA



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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

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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

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