



TRAVEL INSURANCE

PERSONALISED SERVICE
BECAUSE EVERYONE IS DIFFERENT


Elmo
INSURANCE

elmoinsurance.com

Our competitive travel insurance policy offers **great benefits** to cover you against eventualities that could occur during your trip

SUMMARY OF COVER AND LIMITS PER SECTION

SECTION	STANDARD COVER	EXTRA COVER	EXCESS
1. Personal accident	€15,000	€30,000	€35
2. Medical and emergency travel expenses	€250,000	€600,000	€35
3. Cancellation and curtailment	€2,500	€5,000	€35
4. Personal baggage	€2,000	€3,000	Luggage €15 Items in luggage €35
5. Personal money and passport indemnity	€600	€1,250	€35
6. Personal liability	€1,250,000	€1,250,000	€35
7. Travel delay	€150	€250	€35
8. Missed departure	€300	€750	€35
9. Excess for vehicle rented	€300	€450	€35

Full terms & conditions are available in the Travel Insurance Policy Document

10. WINTER SPORTS - OPTIONAL EXTENSION

This policy will cover you whilst engaged in winter sports on a non-competitive and non-professional basis up to the limits featured in the table above. Excess applicable is €150.

PREMIUM RATES PER PERSON

Europe: Including the Continent of Europe (West of Ural Mountains), the British Isles, Madeira, the Canary Islands, Iceland and any country bordering the Mediterranean Sea excluding those countries forming part of the continent of Africa.

Worldwide: including all the rest of the countries not mentioned in Europe.

Period not exceeding	STANDARD COVER		EXTRA COVER	
	Europe	Worldwide	Europe	Worldwide
0-5 days	€20	€30	€30	€60
6-11 days	€25	€40	€40	€80
12-18 days	€30	€50	€50	€100
19-24 days	€35	€60	€60	€120
25-31 days	€40	€70	€70	€130
32-45 days	€45	€80	€70	€140
2-3 months	€60	€100	€80	€180
3-4 months	€80	€120	€160	€200
4-6 months	€100	€150	€180	€250

If you opt to include the **Winter Sports Extension**, the premiums are doubled. Additional premium in respect of **Excess Damage Waiver** is optional at a charge of €5.

TRAVEL INSURANCE PROPOSAL FORM

Important Notes: Please ensure that block capitals are used in all sections of the proposal form. Commencement of this policy will be confirmed by a policy certificate. Payment of premium does not mean that cover is in force.

If you have any queries when completing this form please call us on 2343 0000 or email us on travel@elmoinsurance.com

POLICY HOLDER'S DETAILS

Name and surname	<input type="text"/>	Passport number	<input type="text"/>
ID number	<input type="text"/>	Place of issue	<input type="text"/>
Address	<input type="text"/>	Date of birth	<input type="text" value="/ /"/>
		Mobile number	<input type="text"/>
		Telephone number	<input type="text"/>
Occupation	<input type="text"/>	E-mail address	<input type="text"/>

JOURNEY DETAILS

Destination	<input type="text"/>	Date of departure	<input type="text" value="/ /"/>
Purpose of journey	<input type="text"/>	Date of arrival	<input type="text" value="/ /"/>

INSURED PERSONS

NAME AND SURNAME	ID/ PASSPORT NUMBER	DATE OF BIRTH	TYPE OF COVER	WINTER SPORTS OPTIONAL EXTENSION
1.				Yes <input type="radio"/> No <input type="radio"/>
2.				Yes <input type="radio"/> No <input type="radio"/>
3.				Yes <input type="radio"/> No <input type="radio"/>
4.				Yes <input type="radio"/> No <input type="radio"/>
5.				Yes <input type="radio"/> No <input type="radio"/>
6.				Yes <input type="radio"/> No <input type="radio"/>
7.				Yes <input type="radio"/> No <input type="radio"/>
8.				Yes <input type="radio"/> No <input type="radio"/>
9.				Yes <input type="radio"/> No <input type="radio"/>
10.				Yes <input type="radio"/> No <input type="radio"/>

Excess damage waiver Yes No

Number of persons aged: Under 2 Between 2-15 16-69 70-75

GENERAL QUESTIONS

To the best of your knowledge, have you or any insured person/s:

- a. ever had any claims in relation to travel insurance? Yes No
- b. had special terms imposed, refusal or termination of an insurance policy? Yes No
- c. been convicted of any offence or dishonesty of any kind? If yes please give details: Yes No

Do you or any insured person/s suffer from any heart condition, breathing problem, cancer or any other disease? If yes please give details:

Yes No

Do you have any other travel insurance in force? If yes please give details:

Yes No

PREMIUM PAYABLE

Infants aged 2 years and under are free of charge.

Children aged 16 years and under will be charged at half the premiums shown above provided they are accompanied by an adult insured under the same policy, and the child/children remain/s aged 16 years throughout the journey.

Persons over 70 years are charged double the premium and a full detailed medical report must be presented prior to quotation.

This policy is not available for any person who has reached the age of 76 years prior to the commencement of the period of insurance.

PREMIUM

STAMP DUTY

TOTAL AMOUNT PAYABLE

IMPORTANT NOTES

The insured person must not be aware of any reason why the proposed journey should be cancelled or curtailed. In such an event the policy will not be operative.

The journey must start and end in Malta and not exceed 6 months in duration.

This policy excludes:

- cruising the Caribbean during the months of July, August, September and October.
- Any claim resulting from accidental bodily injury to or illness or death of the insured person, any close relative, close business associate or any person with whom the insured person arranged to travel, unless the policy was issued seven days before departure date.

KEEP IN MIND THAT

The medical cover is only intended to cover unexpected illness or injury. No cover is provided in respect of pre-existing illness or injury which you are aware of. This is important if you are undertaking the journey with person/s who suffer from chronic or recurring illnesses like heart conditions, diabetes and hypertension.

If you intend to practice any dangerous sports/activities or carry out any manual work these are not covered by this policy.

Any losses and theft of personal belongings whilst unattended are excluded. Please make sure that you take full care of your property.

DATA PROTECTION NOTICE

Elmo Insurance Ltd is the data controller in relation to personal data held about you or any other person whom you insure with us.

By making a request for insurance with Elmo Insurance Ltd, you acknowledge that you and all persons whom you propose to insure with us accept this Data Protection Statement. You should therefore show this notice to anyone whom you propose to insure with us.

It may be necessary for us to collect sensitive personal data (as defined by the Data Protection Act) relating to you or any other person insured or to be insured under the policy or who may claim under the policy. You should therefore obtain the explicit consent of any person insured or to be insured under this policy before sharing their personal data with us. By making a request for insurance with Elmo Insurance Ltd, or making a claim under this policy, you acknowledge that you and all such persons are giving their explicit consent to such information being processed in the manner and for the purposes outlined here.

Under the terms of your policy, you should give us notice about any event which may give rise to a claim under the policy. When you give us notice about any such event you acknowledge that you and all persons who may claim under this policy accept this Data Protection Statement. You should therefore likewise show this notice to anyone claiming under this policy.

We will use this information to manage and administer your insurance policy, to assess creditworthiness and for underwriting, claim handling and fraud prevention purposes. In order to provide you with products and services this information will be held in the data system of Elmo Insurance Ltd. We may also verify the correctness of the information that you provided us with and/or obtain additional information about you or any person insured or to be insured under this policy, from other insurance companies or persons acting on their behalf or on their instructions, insurance intermediaries, surveyors, private investigators, appointed

experts, credit referencing agencies, the Malta Insurance Association, the Malta Insurance Fraud Platform, the Commissioner of Police, medical professionals, hospitals and clinics and any other body or authority which is authorised to receive personal data according to Law.

Similarly, we may disclose personal data which we may hold about you or any person insured or to be insured under this policy to any person or entity mentioned in the last paragraph or whenever we are required to do so according to Law.

Furthermore, in case you default in the payment of your premium or other dues under the policy, we may pass this information to the Malta Association of Credit Management or Credit Info and or any Credit Referencing Agency, so that such information will be recorded in the system and made available to participants.

You are entitled to know what personal data is held about you in our systems and where applicable request the rectification or erasure of such data. If you wish to receive such information, you should write to us.

We may obtain from or pass some or all of the information that relates or is ancillary to the claims history of persons who may claim under your policy to the Malta Insurance Fraud Platform. The aim of the Malta Insurance Fraud Platform is to prevent, detect, suppress and/or prosecute insurance fraud. Elmo Insurance Ltd jointly with other motor insurers is the data controller in relation to the Malta Insurance Fraud Platform. The platform is administered on our behalf by the Malta Insurance Association (MIA)

Under the Data Protection Act, you are entitled to know what information about claims you have made is held on the Malta Insurance Platform and where applicable, request the rectification or erasure of the same. If you wish to receive this information, please write to the Malta Insurance Association at its registered address.

DECLARATION

I declare that:

- I have read and understood the contents of this proposal form/the contents thereof have been read and explained to me in a language which I understand and I declare that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and Elmo Insurance Ltd. I agree that any person filling in this proposal form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Ltd. I understand that my failure to disclose material facts to Elmo Insurance Ltd may lead to my policy being rendered void and I undertake to inform Elmo Insurance Ltd immediately of any change of circumstances which may occur during the period of insurance or at renewal stage and which may have a bearing on the correctness of the above statements. Elmo Insurance Ltd has informed me about my right to obtain a copy of the policy conditions upon request.
- I declare that I have read the Data Protection Notice.
- I wish the cover to commence on: / / *(The date cannot be before the proposal is accepted by Elmo Insurance)

POLICYHOLDER'S SIGNATURE

Name & surname (in block letters)

Signature

Date

 / /



Elmo Insurance provides its full services throughout a well supported branch network with convenient extended opening hours.

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Naxxar Road
B'Kara BKR 9044
2343 0322

COSPICUA BRANCH
48 Bormla Gate
Cospicua BML 2062
2343 0301

PAOLA BRANCH
Paola Square
Paola PLA 1261
2343 0306

QORMI BRANCH
St. Bartholomeo Street
Qormi QRM 2187
2343 0311

RABAT BRANCH
23A Saqqajja Square
Rabat RBT 1192
2343 0332

ST. PAUL'S BAY BRANCH
612 Mosta Road
St. Paul's Bay SPB 3112
2343 0310

VALLETTA BRANCH
Cassar & Cooper
54 South Street
Valletta VLT 1103
2343 0316

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2343 0326/7

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Elmo Insurance Ltd. is authorised to carry on general insurance business and is regulated by the Malta Financial Services Authority