



# Insurance Proposal Form LIBERTYQUALITY HOME

INSURANCE AGENCY CODE

POLICY NUM.

REPLACES POLICY NUM.

FORM OF PAYMENT  
 TARIFF

Effective  Expires

Insurance agent: \_\_\_\_\_ Type of agent: \_\_\_\_\_

Direct debit \*Form of payment:  Annual  Biannual  Quarterly

\* With direct debit, you can take advantage of instalment payments, as long as the annual amount of your receipt is not less than 120 euros and the resulting instalment payments are over 60 euros.

## POLICYHOLDER

Surnames, name \_\_\_\_\_ DNI/NIF \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Telephone \_\_\_\_\_

If direct debit is not desired, indicate the collection address.

## INSURED

Surnames, name \_\_\_\_\_ DNI/NIF \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Telephone \_\_\_\_\_

## RISK SITUATION

Address \_\_\_\_\_ Number \_\_\_\_\_ Floor/Door number \_\_\_\_\_ Postcode \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_

Garage in different location? Yes  No  Address \_\_\_\_\_

## DIRECT DEBIT

Entity \_\_\_\_\_ Office \_\_\_\_\_ D.C. \_\_\_\_\_ Account number \_\_\_\_\_

| | | | | | | | | | | | | | | | | | | | | |

## BENEFICIARY

Yes  No  Type:  Bank Entity \_\_\_\_\_ Codes \_\_\_\_\_

Other \_\_\_\_\_

## CHARACTERISTICS OF THE DWELLING

### NATURE OF THE RISK

Flat or apartment  Top floor flat/loft  Detached home

Ground floor flat  Townhouse/Terraced

### CONSTRUCTION

Surface area in m<sup>2</sup> \_\_\_\_\_ Construction year \_\_\_\_\_ Quality of the dwelling High  Medium

It is solid with non-combustible materials Yes  No  Year refitted (1) \_\_\_\_\_ Detail other \_\_\_\_\_

There are containment walls independent from the building: Yes  No  Value of the walls: \_\_\_\_\_

### LOCATION

Town Up to 25,000 inhabitants  Town centre  Fire brigade more than 20 minutes from the town centre

More than 25,000 inhabitants  Rural  less than 20 minutes from the town centre

### VACANCY (2)

Weekend home  From 31 to 90 days  From 121 to 180 days  More than 270 days

Maximum of 30 days  From 91 to 120 days  From 181 to 270 days

### OWNED OR RENTING

Property Not rented  Tenant

Rented. Rental over 1 year

Rented. Rental less than 1 year

### SECURITY MEASURES

Reinforced doors  Safety lock  Anti-theft glass (6 + 6 mm)  Mallorcan shutters

Solid doors (wood, metal, PVC)  Bars on windows and accesses  If others, describe \_\_\_\_\_

Officially approved alarm: Not connected  Connected

Safe: Yes  No  Others

(1) For insurance purposes, only the replacement of pipe work and of the electrical installation will be considered as refitting work, and it is essential to provide the refitting certificate.

(2) Maximum continuous period during which the Insured does not spend the night in the dwelling.

### REMARKS

**VALUABLE OBJECTS**

Description of the Valuable Objects, the individual value of which exceeds 2,000 €.

Value of object

Description of Objects for "All-risk accidental damage" – Specified property with a value exceeding 300 €.

Value of object

**GARAGED VEHICLE**

Make/Model	License plate	Value
Make/Model	License plate	Value

**PERTINENT INFORMATION**

Have any claims occurred in the last three years?	Cause of the losses
Have you a "Homeowner's Association" policy?	Other insurance
Are any professional activities undertaken in your home?	If the answer is yes, describe them

Remarks/clauses

**COVERAGE**
**BASIC COVERAGE**
**SUM INSURED**

- |  |          |
|--|----------|
| <input type="checkbox"/> Buildings.  |          |
| <input type="checkbox"/> Buildings-first loss basis (only if there is a Community of homeowners policy or a tenant). |          |
| <input type="checkbox"/> Refurbished internal walls only (when a tenant).  |          |
| <input type="checkbox"/> Contents. (3)   |          |
| <input type="checkbox"/> Expansion of valuable objects. (4)  |          |
| <input type="checkbox"/> Home Assistance Service and legal defence.  | Included |

**OPTIONAL COVERAGE**
**SUM INSURED**

- |   |             |
|---|-------------|
| <input type="checkbox"/> All risk accidental damage to buildings.   |             |
| <input type="checkbox"/> All-risk accidental damage to contents within the home.  |             |
| <input type="checkbox"/> All-risk accidental damage to contents outside the home. Non-specified goods (up to 300 € per object, 1.200 € per module, maximum of 5 modules). |             |
| <input type="checkbox"/> All-risk accidental damage to contents outside the home. Specified goods.  |             |
| <input type="checkbox"/> Individual value of object over 300 €.   |             |
| <input type="checkbox"/> Extension of public liability / limit.   | 600,000 €   |
| <input type="checkbox"/> Hunter's liability, mandatory.   | 90,151.82 € |
| <input type="checkbox"/> Liability as an owner of dangerous dogs.   |             |
| <input type="checkbox"/> Vehicles in garage   |             |

**DEDUCTIBLE**

 Yes  No 

 If the answer is yes, indicate  90 €  120 €  300 €  600 €

(3) Sum insured corresponds to the total value of furniture, household goods, valuable objects and jewellery, as defined in the general conditions of the policy.  
 (4) Sum insured that exceeds 20% of the household contents sum insured, corresponding to special valuable objects and jewellery.

**OBSERVATIONS OF THE POLICYHOLDER:**

The personal data, which has been submitted voluntarily, is required in order to be able to assess and define the risk, and in order to commence and maintain the contractual relationship. It is impossible to formalise and maintain the aforementioned relationship without the said data, which will be included in files which are the responsibility of the insurance company Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., situated in Calle Obenque, 2, 28042 Madrid, to whom the party concerned may address the right of access, correction, cancellation and objection, in the terms set out in the Spanish Personal Data Protection Act, Organic Law 15, of 13 December 1999, and the regulations developing this. Should this document contain the details of persons other than the policyholder, the latter hereby states that he or she has previously notified such persons of the above circumstances.

The Policyholder expressly agrees to his or her personal data being processed by the Insurer and passed on to other Insurance Companies or Public or Private Bodies connected with the insurance sector for statistical and actuarial purposes, for the prevention of fraud and for reinsurance purposes, as well as facilitating claims processing.

The policyholder expressly authorises the Insurer to process and maintain his or her personal details, even after the cancellation of the household contract, or even when said contract is not issued, for the purpose of sending publicity by any means, including electronic mail or other equivalent forms of electronic communication, in relation to products and services of the insurer itself, or other organisations in the insurance and financial sectors, and also to pass these on, for the same purposes, to the single-shareholder insurance company Genesis Seguros Generales, Sociedad Anónima de Seguros y Reaseguros, the registered office of which is situated in Paseo de las Doce Estrellas, 4, 28042 Madrid.

Should you not wish to receive the information specified in the above paragraph, please mark the following box . A failure to authorise this last procedure shall prevent this proposal form from being processed.

I confirm that I have responded truthfully to all the questions contained in the proposal form and that I have not concealed any information.

Place and Date:

Applicant:

Insurance intermediary:

## INFORMATION STATEMENT

The member state that controls the insurance activity of the company is Spain, and the controlling authority is the Directorate General for Insurance and Pension Funds of the Ministry of Economy and Treasury.

Applicable legislation: the 1980 Spanish Insurance Contracts Act, the Revised Text of the Spanish Private Insurance Supervision and Ordinance Act, approved by Royal Legislative Decree 6/2004, and the regulations developing this.

### CUSTOMER CLAIM AND PROTECTION REQUESTS

LIBERTY SEGUROS has a **Customer Service Department** and a **Customer Ombudsman** to handle and resolve complaints and claims arising from actions by the Company itself or by banking and insurance operators, in accordance with the procedure set forth in Order ECO 734/2004 of 11 March.

- **Customer Service Department.** C/ Obenque 2, 28042 MADRID. Fax: 91 301 79 98. e-mail: [atencionalcliente@libertyseguros.es](mailto:atencionalcliente@libertyseguros.es)
- **Customer Ombudsman.** C/ Marqués de la Ensenada 16, 3º, oficina 23, 28004 Madrid. Fax: 91 308 49 91. e-mail: [reclamaciones@da-defensor.org](mailto:reclamaciones@da-defensor.org)

All complaints and claims will be handled and resolved within a period of two months after being submitted. After this period has elapsed and having received no response, or in the event of disagreement, the claimant may address the **Commissioner for the Defence of Insurance Policyholders and Participants in Pension Plans**. Pº de la Castellana 44, 28046 MADRID. For the resolution of conflicts in court, the court in the policyholder's city of residence will hold jurisdiction.

**The Regulations for Customer Defence** are available to customers at offices of the Companies within the Liberty Group, which detail the procedures for handling complaints and claims. These regulations are also available on the website: [www.libertyseguros.es](http://www.libertyseguros.es), or from your insurance agent.

## INFORMATION REGARDING TIED INSURANCE AGENTS

Tied insurance agent: \_\_\_\_\_ (1)  
Registered with the Directorate-General Insurance and Pension Funds under number \_\_\_\_\_, which can be contacted in order to verify said registration number.  
Holding in an insurance company: \_\_\_\_\_ (2)  
The agent undertakes his or her broking activities exclusively with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and is duly authorised by this Company to undertake further activity with \_\_\_\_\_ (3)  
The agent may only process the personal data provided under the terms and within the scope derived from the insurance agency contracts signed with Liberty Seguros, Compañía de Seguros y Reaseguros, S.A., and at all times for and on behalf of the said Company.

(1) Identity (name and surname or company name, ID number or tax code) and address of the tied insurance agent.

(2) Specify the percentage of the holding and the company in question.

(3) This final paragraph is for cases covered by the authorisation specified in Article 14 of the 2006 Spanish Insurance Brokerage Act. Indicate the name of the Insurance Company.