

## Home Proposal Form - Progressive Home Shield

|  |                   |                    |
|--|-------------------|--------------------|
| <b>PROPOSER'S DETAILS</b>                    |                   |                    |
| Full Name .....                              |                   |                    |
| Occupation / Work .....                      | ID Number .....   |                    |
| <b>POSTAL ADDRESS</b>                        |                   |                    |
| Number & Road .....                          | P.O.Box .....     |                    |
| Town - Village .....                         | Postal Code ..... |                    |
| Tel. Residence .....                         | Tel. Office ..... | Mobile Phone ..... |
| e-mail: .....                                |                   |                    |
| <b>ADDRESS OF THE DWELLING TO BE INSURED</b> |                   |                    |
| Number & Road: .....                         |                   |                    |
| Town - Village .....                         | Postal Code ..... |                    |
| <b>PERIOD OF INSURANCE</b>                   |                   |                    |
| From ..... To .....                          |                   |                    |

**Note:**

The sum insured must represent the replacement value including architects' and removal of debris costs. In order to have full cover in case of loss or damage, please make sure that you are insuring your property on a replacement value basis. In case of underinsurance you are responsible for part of the loss or damage and you are considered as a co-insurer.

**Replacement Value**

For the building this means the cost of rebuilding all the buildings in the same way, size, style and appearance, if they were new, excluding the value of the site.

| BUILDINGS  |              | €  |
|--|--------------|--|
| Buildings, fixtures, fittings                              |              |  |
| Auxiliary buildings (garage, machinery, buildings, fences) |              |  |
| Swimming pool  |              |  |
| Optional Covers  |              |  |
| Solar Heater   |              |  |
| Satellite Dishes, TV Antennas                              |              |  |
| Machinery in the open (e.g. air conditioning compressor)   |              |  |
| Total  |              |  |
| Details of Construction                                    |              |  |
| Construction Year:   |              | Number of floors including Ground Floor: |
| Materials used for the construction of the building        |              |  |
| Walls:   | Roof:        | Structure:                               |
| Covered area in square meters (m <sup>2</sup> )            |              |  |
| Plumbing materials   |              |  |
| Building Use   |              |  |
| Basement   | Ground Floor | Floors:                                  |
| Use of adjoining Buildings                                 |              |  |
|  |              |  |

#### TABLE "A" CONTENTS

"Contents" means furniture, household appliances, equipment and personal effects belonging to you or to members of your family living permanently with you.

**Note 1:** The insurance of the content does not cover any outfitting or machinery (i.e. television antennas). Also, it does not cover items under Table «B».

**Note 2:** Sums insured must represent the replacement value.

**Contents** €.....

#### TABLE "B" SPECIALLY INSURED CONTENTS - VALUABLES

"Specially Insured Contents - Valuables" means personal and other items belonging to you or to members of your family living permanently with you stated under table «B».

**Note 1:** Items valued more than €2,000.00 each will not be covered beyond this amount unless a purchasing receipt or appraisal is presented.

**Note 2:** Sums insured should represent the replacement value.

|   | Description | Brand/Model | Value |
|---|-------------|-------------|-------|
| 1 |             |             |       |
| 2 |             |             |       |
| 3 |             |             |       |
| 4 |             |             |       |
| 5 |             |             |       |

| IMPORTANT INFORMATION  |            |  |             | YES | NO           |
|--|------------|--|-------------|-----|--------------|
| 1. Are the buildings or any part of them used for any other purpose?<br>IF YES, please give details of use and by whom.                |            |  |             |     |              |
| 2. Are the buildings under mortgage or any other charges? / Mortgagor.   |            |  |             |     |              |
| 3. Are you the sole owner of the building? / If NO please give details.  |            |  |             |     |              |
| 4. Do you wish to extend the cover when your dwelling is unoccupied for more than 31 days?<br>If YES, please state the number of days. |            |  |             |     |              |
|  | 31-90 days |  | 91-180 days |     | 181-365 days |
| 5. Do you have   |            |  |             |     |              |
| • Fire Safety measures   |            |  |             |     |              |
| • Alarm Systems  |            |  |             |     |              |
| • Safety Locks   |            |  |             |     |              |
| 6. Are there any other insurance policies in force covering the same property? If YES, give details:                                   |            |  |             |     |              |
| 7. Has any Insurance Company:  |            |  |             |     |              |
| • Refused your enquiry for insurance?  |            |  |             |     |              |
| • Imposed Special terms?   |            |  |             |     |              |
| • Cancelled, refused renewal of your policy?   |            |  |             |     |              |
| • Required an increased premium?   |            |  |             |     |              |
| If YES, give details.  |            |  |             |     |              |
| 8. Have you ever suffered any damage from flood or tempest during the last 5 years? If YES, give details.                              |            |  |             |     |              |
| 9. Have you ever suffered any damage from leakage of water tanks or bursting of pipes? If YES, give details.                           |            |  |             |     |              |
| 10. Have you ever suffered any damage from burglary or robbery? If YES, give details   |            |  |             |     |              |
| 11. Have you ever suffered any damage from any other Perils? If YES, give details.   |            |  |             |     |              |

Insurance Cover starts when the Proposal is accepted by the Company and the premium has been paid.

**PAYMENT OF PREMIUMS**

I intend to pay the premium to be notified to me according to the dates mentioned in the relevant premium payment clause as follows:

- Through Direct Debit from my Bank Account No. ....  
with the Bank .....
- Debit Card No. .... Expiry Date: ...../...../.....
- Cash-Cheque .....
- with Automatic Standing Order (Direct Debit) from my Account Number .....  
with the Bank .....
- Through our website [www.progressiveic.com](http://www.progressiveic.com)

**DECLARATION**

I declare that the above information and answers are true and accurate and that no material information has been concealed, altered or presented inaccurately or omitted any essential elements that may affect the precise risk assessment undertaken by PROGRESSIVE INSURANCE COMPANY LTD. I also agree that this proposal shall be fully binding for me and shall be the basis for my insurance policy between me and PROGRESSIVE INSURANCE COMPANY LTD

.....

Signature

.....

Date

The General Data Protection Regulation (GDPR) sets out the principles followed by Progressive Insurance Company Ltd. ("Progressive") when processing your personal data, as it pertains to all services rendered by Progressive, including your insurance.

The intent for which Progressive collects, processes and retains your personal data throughout the term of your relationship with us as a customer or prospect customer correlates with insurance policies issued for you, and you as a prospective customer.

Our records may include both sensitive and non-sensitive personal data of yours.

We obtained content of our records either directly from you, or via relevant documents, agents, and interviews submitted or executed during the insurance application process with your conveyed consent. The records will be periodically updated in the same manner as they have been collected.

Your personal data is stored on our servers located in Cyprus, controlled by our staff. We have security measures in place which ensure the confidentiality of the information contained in the database and these security measures are subject to continuous review and upgrade.

**CONSENT**

Having read the above information I confirm that the above information is clear to me and that:  
I voluntarily consent to Progressive for the collection, processing, and retention of my personal data as a prospective customer or insured customer or for processing of claims related to my insurance;

I consent that Progressive may transfer my personal data without restriction to process my policy and/or to process related claims, if any; and

I confirm that I have been informed and understand my rights to: access and adjust personal data, file a written, motivated request to cease processing or objection against processing of personal data, and withdraw a consent at any time by submitting written withdrawal to the Data Protection Officer or by email to [customercare@progressiveic.com](mailto:customercare@progressiveic.com)

I would like to be informed about services offered by Progressive either by email or text (sms) to my mobile phone.

.....  
Signature

.....  
Date

**INSURANCE AGENT / INTERMEDIARY / EMPLOYEE DECLARATION**

I ..... (Insurance Agent / Intermediary / Employee) from ..... I declare that I have not failed to provide the person concerned with any essential information regarding the insurance contract and that:

a. I am the holder or authorized employee of an Insurance Agent / Intermediary with a Certificate of Registration No ..... issued by the Superintendent of Insurance Office

b. I am an authorized employee of the Insurance Company.

.....  
Signature

.....  
Date

| COVERS   | PROGRESSIVE HOME SHIELD | LIMIT      | Deductible |
|--|-------------------------|------------|------------|
| Fire   | √                       | TSI        | 0,00       |
| Smoke  | √                       | TSI        | 0,00       |
| Lightning  | √                       | TSI        | 0,00       |
| Short circuit  | √                       | TSI        | 0,00       |
| Fire brigade damages                                   | √                       | TSI        | 0,00       |
| Forest-bush fire                                       | √                       | TSI        | 0,00       |
| Explosion of boiler or gas                             | √                       | TSI        | 0,00       |
| Earthquake   | √                       | TSI        | 1,5% TSI   |
| Storm and Tempest                                      | √                       | TSI        | usual      |
| Flood  | √                       | TSI        | usual      |
| Aircraft-Vehicle Collision, etc                        | √                       | TSI        | usual      |
| Strikes, riots, civil commotions                       | √                       | TSI        | usual      |
| Malicious damage                                       | √                       | TSI        | usual      |
| Escape of water or oil                                 | √                       | TSI        | usual      |
| Explosion  | √                       | TSI        | usual      |
| Theft with violent and forcible means                  | √                       | TSI        | 0,00       |
| Removal of Debris costs                                | √                       | 10% B      | 0,00       |
| Consulting engineers & architects fees                 | √                       | 10% B      | 0,00       |
| Solar heater cover                                     | ●                       | 1.000,00   | 100,00     |
| External satellite & TV installations                  | ●                       | 1.000,00   | 100,00     |
| Outside machinery                                      | ●                       | 1.000,00   | 100,00     |
| Inflation protection                                   | √                       | TSI        | usual      |
| Loss of Rent   | √                       | 10% B      | 0,00       |
| Alternative Accommodation expenses                     | √                       | 10% TSI    | 0,00       |
| Owner-Tenant Liability*                                | √                       | 100.000,00 | 0,00       |
| Replacement value settlement                           | √                       | TSI        | usual      |
| Automatic sum insured re-instatement                   | √                       | TSI        | 0,00       |
| Falling trees  | √                       | TSI        | 0,00       |
| Glass-fixed mirrors breakage                           | √                       | 5.000,00   | 0,00       |
| Accidental damage to cables or to underground services | √                       | 5.000,00   | 0,00       |
| Replacement of Door locks                              | √                       | 500,00     | 0,00       |
| Accidental Death Benefit**                             | √                       | 20.000,00  | 0,00       |
| Detection and Repair of Leakage                        | √                       | 1.500,00   | 150,00     |
| Escape of metered water, oil and gas                   | √                       | 1.000,00   | 0,00       |
| Food in freezers and refrigerators                     | √                       | 1.000,00   | 0,00       |
| Extension of Unoccupancy                               | ●                       | TSI        | usual      |

- √ Covers and benefits provided
- \* Does not apply when the Home residence is used for rent/tourist purposes
- Optional covers
- \*\* Does not apply when the insured is a legal entity
- TSI Total Sum insured
- Usual 5% of loss with minimum Euro 200
- B Building