



## ISLAND INSURANCE BROKERS LIMITED

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# Life Assurance Quote Form

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You are kindly requested to complete ALL fields in this form otherwise we shall be unable to process your enquiry and comply with your request.

### Personal Details of proposer

Is this a joint policy?                      If yes open 2 proposer personal detail forms.

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Name    ID Card No.    Occupation and place of work

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Marital Status    Date of Birth

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Address

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Telephone    mobile:    Fax    email:

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Preferred mode of contacting you                      phone/ post/ email/ fax

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Preferred time for phone calls:

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Are you a smoker?

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Are you normally resident in Malta? If no, please advise location of residence and duration of overseas residency in any one year.

### Policy requirements

Preferred start date of policy?

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Sum Assured:

Term:                      years

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Policy purpose:                      Level Term  
   Loan Protection                      (please advise interest rate)  
   Convertible Term  
   Endowment with profits  
   Other purpose (please specify)

Is policy required for bank-loan purposes?

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Extensions                              Accidental Death  
   Accidental Death and Disability  
   Critical Illness  
   Total and permanent disability including waiver of premium

Payment frequency                      Yearly                      Half Yearly                      Quarterly                      Monthly

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Quotations will be provided on the presumption of a clean bill of health and satisfactory proposal.

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All material facts must be disclosed to your brokers whether or not the subject of a specific question above. A material fact is one which an Underwriter would regard as likely to influence the acceptance or assessment of the proposal. Non disclosure or misrepresentation of a material fact may result in the insurance being void. If you are in any doubt about whether facts would be considered as material, you should disclose them.

*I declare that the above particulars and answers are correct and complete in every respect to my knowledge and belief. I agree that a proposal form would need to be completed prior to placing of risk.*

The submission of this form does not bind the Proposer to complete the insurance.

#### DATA PROTECTION

Island Insurance Brokers Limited only processes personal data in accordance with the Data Protection Act. By completing this form and sending it to Island Insurance Brokers Ltd, you consent to Island Insurance Brokers Limited processing your personal data in accordance with our Privacy Policy. Please view our Privacy Policy at [www.islandins.com](http://www.islandins.com) before submitting this form.