

FINE ART COLLECTORS AND JEWELLERY AND FURS PROPOSAL

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in all. Tick Yes/No brackets.

1 PROPOSER

Title (Mr/Mrs/Miss) Other (please state)	Surname	First names
.....

Address (for correspondence)

.....

.....

.....

Age of proposer

Occupation of proposer

Nationality of proposer

2 LOCATION OF ITEMS TO BE INSURED

Address (if difference to the address above)

.....

.....

.....

If you wish to include transits (for additional premium) tick the appropriate bracket Domestic () Worldwide ()

3. TERRITORIAL LIMITS REQUIRED FOR JEWELLERY AND FURS

Premises only ()

UK/Europe only ()

USA/Canada only ()

Worldwide ()

4 CONSTRUCTION AND USE

Are the buildings (including outbuildings):

- (a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? Yes () No ()
- (b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters? Yes () No ()
- (c) a flat or an apartment? (if Yes, give the floor) Yes (.....) No ()
- (d) used for any business or professional purposes or open to the public? Yes () No ()
- (e) regularly left unattended by day or night? Yes () No ()

If you have ticked any of the underlined brackets, give details

.....
.....
.....
.....
.....

5. BUILDING AND DECORATING WORK

You must contact your broker before entering into any agreement for any work to be carried out at the premises.

Do you intend to carry out any work on the premises insured involving outside contractors? Yes () No ()

If Yes, give details
.....
.....
.....

6. ALARM

(a) Give the make of the alarm

- (b) Is it
 - (i) bells only? Yes () No ()
 - (ii) connected to the police? Yes () No ()
 - (iii) central station? Yes () No ()

- (c) Does it protect all areas containing the insured items? Yes () No ()
- (d) Is the alarm under a maintenance contract? Yes () No ()
- If Yes, by whom?

7 SAFE

- (a) Give the make, model and age of the safe
- (b) Is it a
- (i) wall safe Yes () No ()
- (ii) freestanding safe Yes () No ()
- (iii) underfloor safe Yes () No ()
- (c) Weight and dimensions

8 OTHER SECURITY

- (a) Are all final exit doors fitted with a 5 lever mortice deadlock? Yes () No ()
- (b) Are all windows, fanlights and skylights fitted with key operated locks? Yes () No ()
- (c) Is your property protected by any other means? Yes () No ()

If you have ticked any of the underlined brackets, give details

.....

.....

.....

.....

9 AMOUNTS TO BE INSURED

All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

- (a) Pictures, paintings, sketches, prints and the like
- (b) Books
- (c) Statutes and sculptures of a non-fragile nature, items of non-precious metals or woods

- (d) Porcelain, pottery, ceramics, glass, jade and other items of a brittle nature
- (e) Antique furniture
- (f) Clocks, watches, barometers, mobiles and other mechanical art
- (g) Gold, silver and other precious metals
- (h) Jewellery
- (i) Furs
- (j) Other items (give details)

Do the amounts insured represent current market value? Yes () No ()

If No, give details

10 PREVIOUS INSURANCE

- (a) Name of previous insurers and brokers (if any)
- (b) Date of expiry of previous policy
- (c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply? Yes () No ()

If Yes, give details

11 LOSSES

Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

Yes () No ()

If Yes, state:

(a) approximate date of each loss or damage

(b) circumstances and amount of each loss or damage

(c) with whom the property was insured

12 OTHER INFORMATION

Have you or any person resident with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes () No ()

If Yes, give details

.....

.....

.....

.....

Are there any other factors affecting this insurance of which you are aware?

Yes () No ()

If Yes, give details

.....

.....

.....

.....

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

.....
.....
.....

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

.....
Signature of proposer

.....
Date

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

THIS PAGE DOES NOT FORM PART OF THE INSURANCE

A. TO BE COMPLETED BY THE "RETAIL" PRODUCING BROKER OR AGENT

- (a) How long have you known the proposer(s)?
- (b) Do you personally recommend the proposed insured(s) as suitable for insurance by Underwriters? Yes () No ()
- (c) Have you discussed the contents of this proposal form thoroughly with the proposer(s)? Yes () No ()
- (d) State approximate age(s) of the proposer(s)
- (e) What other insurance do you handle for the proposer? For how long have you done so?

.....
Signature Date
Print or type company name and address

B. TO BE COMPLETED BY THE "WHOLESALE" BROKER OR AGENT IF NOT THE DIRECT PRODUCER

- (a) Do you recommend the producing agent/broker to Underwriters as a producer of high quality business? Yes () No ()
- (b) For how long have they produced business to you?

.....
Signature Date
Print or type company name and address