

PROPOSAL FORM

PRIVATE ART AND VALUABLES STORAGE INSURANCE

IMPORTANT INFORMATION

COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices at the bottom of this proposal, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this proposal form.

- Please answer all questions fully
- If insufficient space is provided, please give your answer on a separate sheet of paper.

If you have any difficulties completing this form, please contact your broker or insurance adviser for assistance.

<p>1. (a) Name of Proposer(s):</p> <p>(b) Residential Address(es):</p> <p>(c) Business or occupation of Proposer:</p> <p>(d) If a Superannuation Fund is to be the insured, please give name of the fund as it should appear in the policy?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p> <p>(d)</p>
--	--



2. (a) Name of Storage Company where the items to be insured are kept - Location 1:

(a)

(b) Address:

(b)

(c) Are the items stored here kept under Climate Control:

(c) Yes: No:

(d) Name of Storage Company where the items to be insured are kept – Location 2:

(d)

(e) Address:

(e)

(f) Are the items stored here kept under Climate Control:

(f) Yes: No:

3. Please specify:

(a) Total Sum Insured Required for items in Location 1

(a)

(b) Total Sum Insured Required for items in Location 2

(b)



4. (a) Will you require cover for any items removed from Storage?

(a) Yes: No:

(b) If Yes, please give full details of:

(b)

i) Item(s) cover required for:

i)

ii) Reason for removal?

ii)

iii) Number of days taken out per year?

iii)

iv) Where will the items be kept when removed from storage?

iv)

v) If at the residence(s) shown above, please advise what security exists? (Deadlocks on doors, window locks, safe, monitored alarm etc.)

v)

vi) What is the maximum sum insured required for all items when removed from Storage?

vi)

vii) What Territorial Limits do you require for such items?

vii)

viii) Do you require cover for items in transit by personal conveyance, post or courier service?

viii) Yes: No:

ix) If yes, please advise which methods or couriers will be used and the maximum sum insured required any one shipment?

ix)

x) Estimated number of such transits per year?

x)



<p>5. (a) Has the proposer or any member of proposer's household ever suffered loss or losses of a type that would be covered by this insurance?</p> <p>(b) If so, please state:</p> <p>i) approximate date(s) of loss</p> <p>ii) circumstances and amount of each loss (if insufficient space, please attach a separate sheet).</p> <p>iii) if insured, whether paid in full or otherwise</p>	<p>(a) Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>(b)</p> <p>i)</p> <p>ii)</p> <p>iii)</p>
<p>6. With whom is insurance currently in force?</p>	
<p>7. (a) Has Lloyd's or any other insurer refused or cancelled insurance for Proposer or any member of Proposer's household?</p> <p>(b) If so, please give details</p>	<p>(a) Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>(b)</p>
<p>8. From what date do you wish this insurance to commence?</p>	



9. Please give a schedule of items to be insured. If insufficient space, please attach a separate sheet. All items are to be listed separately stating for each item the amount for which Insurance is sought.

Item	Description (please indicate * items you require cover for when removed from vault and number of days per year)	Value / Sum Insured
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		



I HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS, WHETHER IN MY OWN HAND OR NOT, ARE TRUE, AND THAT NO FACTS HAVE BEEN SUPPRESSED OR MIS-STATED. I ALSO DECLARE THAT I HAVE READ AND UNDERSTOOD THE IMPORTANT NOTICES BELOW.

I UNDERSTAND THAT NON-DISCLOSURE OR MISREPRESENTATION OF A MATERIAL FACT MAY ENABLE UNDERWRITERS TO REDUCE OR DECLINE TO PAY A CLAIM.

I UNDERSTAND THAT THE SIGNING OF THIS PROPOSAL DOES NOT BIND ME OR THE UNDERWRITERS TO COMPLETE THE INSURANCE BUT AGREE THAT SHOULD A CONTRACT OF INSURANCE BE CONCLUDED, THIS PROPOSAL AND THE STATEMENTS MADE HEREIN SHALL FORM THE BASIS OF THE CONTRACT.

Signature of Proposer

Date

IMPORTANT NOTICES

Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally, emailed or posted by certified mail or to your address last notified to us. Proof of mailing is sufficient proof of notice.

Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the National Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.