

# PROPOSAL FORM FOR ART AND ANTIQUE DEALERS INSURANCE

#### **IMPORTANT INFORMATION**

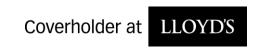
## **COMPLETING THE PROPOSAL FORM**

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

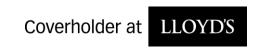




## **DETAILS OF THE PROPOSER**

Name(s) of Proposer(s):				
Trading Name (if different):				
Address for Correspondence:				
Telephone Number:				
Mobile Number:				
Address of property to be insured (if different to above):				
Date from when insurance cover required:				
Main type of Art or Antiques traded:				
How long have you carried on your bu	siness?			
At this address: Elsewhere:				
Are you a member of any Trade Associ	ation?	Yes	No [	
If yes, please give details:				
Have you ever traded under a different name?		Yes 🗌	No [	
If yes, please give details:				





## **DETAILS OF SECURITY AND OPERATIONS**

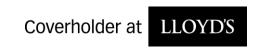
How r	many employees do you ha	ave?			
What is the minimum number of Employees including Principals in the sales section of your premises at any time during business hours, including lunch times?					
	-				
	ne premises occupied at nig	ght?	Yes 🗌	No	
If yes,	please give details:				
					_
		cions in use for securing the following:			
Exter	nal Doors:				
Windo	ows and skylights:				
Displa	ay Windows (please also sta	ate type and thickness of glass):			
Do yo	u have a Burglar Alarm Sys	tem?	Yes 🗌	No	
If yes,	please state:				
1.	Make/Installer:				
2.	Year of Installation:				
3.	Type of Alarm:	Local Alarm  Central Monitoring Station  Other (please specify)			
4.	Are Hold Up Buttons Ins	stalled?	Yes 🗌	No	
5.	Does the alarm have line	e or signal security? (e.g. GSM / GPRS back-up)	Yes 🗌	No	
6.	Areas Covered by Alarm	:			
7.	Is the Alarm System mains of Yes, by which compan	intained under Contract? y?	Yes 🗌	No	
	What is the maintenance	e period in the Contract (e.g. annual)			



Do you have a safe or a strongroom?  If yes, please state construction or specification:		No	
Do you have:			
1. Fire Extinguishers?	Yes	No	
2. Fire Alarms?	Yes	No	
3. Smoke Detectors?	Yes	No	
4. Sprinklers?	Yes	No	
If installed, is the Fire Alarm monitored by a Central Station?	Yes	No	
Are there any other fire or security protections?	Yes	No	
If yes, please give details:			
	1		
Do you store / display paintings and artworks vulnerable to water damage at least 15 cm above floor level?	Yes	No	
Do you keep stock in the basement?	Yes	No	
Do you keep complete stock and account books in respect of all transactions including details of all goods in trust and/or on commission?	Yes	No	
Do you have an annual stock take?	Voc	No	
Do you have an annual stock-take?	Yes	No	
Is it your practice to give receipts for goods left with you by non-trade customers for repair, valuation, sale or any other purpose and to require surrender of such receipts before goods are returned to customers?	Yes	No	
Do you use approbation/consignment notes in respect of all entrustments out?	Yes	 No	
33 734 435 approbation, consignment notes in respect of an entrastments out:	103	140	



Your own Stock:



### **DETAILS OF INSURED PROPERTY**

## When answering this section, please use the following basis of valuation:

Cost Price plus 30% or Selling Price less 20% whichever is the greater

Ent	rustment Stock:	Your liability to Third Parties plus 10%	
Items sold and not delivered:		Selling Price	
Plea	ase state the Sums Insured you requi	re for the following categories:	
1.	Stock, Goods in Trust:		\$
2.	Trade and Office Contents, Fixtures	and Fittings:	\$
3.	Fine Arts forming part of a Private Collection: Basis of Valuation: Agreed Value (Schedule to be Provided).		\$
4.	Reference Library:		\$
5.	Artworks in the open air at your Pre	emises:	\$
6.	Unnamed Locations / Outward Entr	ustments:	\$
7.	Internal & External Glass & Signs:		\$
8.	Money on Premises:	In Safe: Out of Safe During Business Hours:	\$ \$
9.	Money in Transit:		\$
10.	Public & Products Liability:		\$
11.	Business Interruption:	Gross Income: Additional Increased Cost of Working:	\$ \$
		Accountants Fees: Indemnity Period:	\$
12.	Stock in Transit by:	Professional Fine Art Carriers: Personal Conveyance: Courier Service:	\$ \$ \$
	Territorial Limit for Transits:		
	Australia		
	Other (please specify)		
			<u> </u>



If yes,	require cover for Trade Fairs and Exhibitions? please state the estimated number of Fairs to be attended locations and the maximum limit required at each:	d with details	Yes No No
<u>Fair</u>	<u> </u>	<u>Dates</u>	Sum Insured
<u>r an</u>		<u>Dates</u>	\$
-			\$ \$
			\$
			\$ \$
			·
If Trans	sit Cover Required, please advise details of <b>annual</b> transit	turnover (total v	ralue shipped) for:
Domes	tic Professional Fine Art Carrier Shipments:		\$
Domes	tic Personal Conveyances		\$
Domes	tic Courier Shipments		\$
Overseas Professional Fine Art Carrier Shipments:			\$
Overse	as Personal Conveyances		\$
Overse	as Courier Shipments		\$
Please	indicate the approximate proportion per category of the t	total value of yo	ur stock:
1.	Pictures and the like, including frames		%
2.	Non-fragile sculpture		%
3.	Fragile sculpture		%
4.	Furniture		%
5.	Silverware, plateware and precious metals		%
6.	Ceramics, glass and other brittle items		%
7.	Antiquarian books		%
8.	Antique clocks		%
9.	Carpets, Rugs and Tapestries		%
10.	Any other type of stock not listed above		%
	(Please specify)		

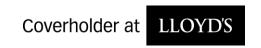




## **INSURANCE HISTORY**

Please provide the name of your previous insurers and the expiry date of your current Insurance Policy (if applicable):				
Please provide details of any losses sustained during the last fi	ve years, whether insurance was in force or not:			
If Lloyd's or any other insurer have ever cancelled or refused to issue or continue any insurance for you, please provide details:				
Please provide details of any other matters concerning the risk you wish to disclose:				
Please provide two references from the trade:				
1.	2.			





#### Declaration

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 this duty until we agree to insure you. 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.