

**PROPOSAL FORM FOR
AUCTIONEERS' INSURANCE**

IMPORTANT INFORMATION

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.

PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED.

PLEASE COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION

DETAILS OF THE PROPOSER

Name(s) of Proposer(s):	
Trading Name (if different):	
Location Address:	
Post Code:	
Telephone Number: Mobile Number:	
Address for correspondence (if different to above):	
Date from when insurance cover required:	
Main type of Art or Antiques traded:	

How long have you carried on your business?	
At this address:	_____
Elsewhere:	_____
Are you a member of any Trade Association? If yes, please give details:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever traded under a different name? If yes, please give details	Yes <input type="checkbox"/> No <input type="checkbox"/>

DETAILS OF SECURITY AND OPERATIONS

How many employees do you have?

Please provide construction details of the premises, including walls, floors and roof.

Are the premises occupied at night? Yes No
If yes, please give details:

Please provide details of protection in use for securing the following:

External Doors:

Windows and skylights:

Display Windows, if any (state type of glass):

Please provide details of how Stock / Goods in Trust are stored at your premises once brought in:

Are vulnerable items stored at least 15 cm off the floor to minimise the risk of water damage? Yes No

Do you have CCTV at your premises? Yes No

If yes, is the footage recorded? Yes No

Do you have a Burglar Alarm System? Yes No

If yes, please state:

i) Make/Installer: _____

ii) Year of Installation: _____

iii) Type of Alarm: Local Alarm
Central Station
Other (please specify) _____

iv)	Are Hold Up Buttons Installed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
v)	Areas Covered by Alarm:	_____			
vi)	Is the Alarm System maintained under Contract? If Yes, by which company?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have a safe or a strongroom? If yes, please state specification:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Do you have:					
i)	Fire Extinguishers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
ii)	Fire Alarms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iii)	Smoke Detectors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
iv)	Sprinklers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If installed, is the Fire Alarm monitored by a Central Station?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are there any other fire or security protections? If yes, please give details:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	<input type="checkbox"/>	No	<input type="checkbox"/>
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Is it your practice to give receipts for goods left with you by non-trade customers and to require surrender of such receipts before goods are handed over?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you use approbation/consignment notes in respect of all entrustments out?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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DETAILS OF INSURED PROPERTY AND SUMS INSURED REQUIRED

Please state the sums insured you require for the forthcoming twelve months trading for the following categories:

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|-------|--|----------|
| 1. | Stock, Goods in Trust and Cash held in lieu of Stock: | \$ _____ |
| 2. | Primary Art Sales (if any) - Limit Any One Hanging: | \$ _____ |
| 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. | Unnamed Locations / Off-site Auctions: | \$ _____ |
| 6. | Outward Entrustments: | \$ _____ |
| 7. | Stock in Transit by | |
| | Professional Fine Art Carriers: | \$ _____ |
| | Personal Conveyance / Personal Custody: | \$ _____ |
| | Registered Post or Courier Service: | \$ _____ |
| | Territorial Limit: | |
| | Australia <input type="checkbox"/> | |
| | Other (please specify) <input type="checkbox"/> | |
| <hr/> | | |
| 8. | Public & Products Liability: | \$ _____ |

Please state:

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|----|--|----------|
| 1. | Your actual Annual Hammer Sales for the last 12 months | \$ _____ |
| 2. | Your estimated Annual Hammer Sales for the next 12 months: | \$ _____ |

Do you require cover for Trade Fairs and Exhibitions? Yes No
 If yes, please state the estimated number of Fairs to be attended with details of the locations and the maximum limit required at each:

<u>Fair</u>	<u>Dates</u>	<u>Sum Insured</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please give details of estimated **annual** transit turnover for the next 12 months for transits by:

Domestic Professional Fine Art Carrier:	\$ _____
Domestic Personal Conveyances	\$ _____
Domestic Registered Post or Courier:	\$ _____
Overseas Professional Fine Art Carrier:	\$ _____
Overseas Personal Conveyances	\$ _____
Overseas Registered Post or Courier:	\$ _____

Please indicate the approximate proportion by category of your total Annual Hammer Sales, including Primary Art Sales, if any:

- | | | |
|----|---|--------|
| 1. | Pictures and the like, including frames | _____% |
| 2. | Non-fragile sculpture | _____% |
| 3. | Fragile sculpture | _____% |
| 4. | Furniture | _____% |
| 5. | Jewellery, Coins, Silverware, plateware and precious metals | _____% |
| 6. | Ceramics, Glass and other brittle items | _____% |
| 7. | Books / Maps / Stamps | _____% |
| 8. | Clocks / Mechanical Art | _____% |
| 9. | Carpets, Rugs and Tapestries | _____% |
| 10 | Any other type of goods 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 five 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:

<p>1.</p> <hr/>	<p>2.</p> <hr/>
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Declaration

To the best of my knowledge and belief the information provided on 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 may entitle Underwriters to avoid this insurance.

I understand that 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 shall form the basis of the contract.

Signature of Proposer

Date