

**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 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? _____	
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? _____	
Are the premises occupied at night? If yes, please give details: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details of protections in use for securing the following: External Doors: _____ Windows and skylights: _____ Display Windows (please also state type and thickness of glass): _____	
Do you have a Burglar Alarm System? _____	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please state:	
1. Make/Installer:	_____
2. Year of Installation:	_____
3. Type of Alarm:	Local Alarm <input type="checkbox"/> Central Monitoring Station <input type="checkbox"/> Other (please specify) <input type="checkbox"/> _____
4. Are Hold Up Buttons Installed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Does the alarm have line or signal security? (e.g. GSM / GPRS back-up)	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Areas Covered by Alarm:	_____
7. Is the Alarm System maintained under Contract?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, by which company? _____	
What is the maintenance period in the Contract (e.g. annual) _____	

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

Do you have:					
1.	Fire Extinguishers?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
2.	Fire Alarms?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3.	Smoke Detectors?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
4.	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?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please give details:				

Do you store / display paintings and artworks vulnerable to water damage at least 15 cm above floor level?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Do you keep stock in the basement?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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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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Do you have an annual stock-take?	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 for repair, valuation, sale or any other purpose and to require surrender of such receipts before goods are returned to customers?	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

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

Your own Stock: Cost Price plus 30% or Selling Price less 20% whichever is the greater
 Entrustment Stock: Your liability to Third Parties plus 10%
 Items sold and not delivered: Selling Price

Please state the Sums Insured you require 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 Premises: | | \$ _____ |
| 6. Unnamed Locations / Outward Entrustments: | | \$ _____ |
| 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. Professional Indemnity: | | \$ _____ |
| 12. Business Interruption: | Gross Income: | \$ _____ |
| | Additional Increased Cost of Working: | \$ _____ |
| | Accountants Fees: | \$ _____ |
| | Indemnity Period: | _____ |
| 13. Stock in Transit by: | Professional Fine Art Carriers: | \$ _____ |
| | Personal Conveyance: | \$ _____ |
| | Courier Service: | \$ _____ |
- Territorial Limit for Transits:
- Australia
- Other (please specify)
- _____

<p>Do you require cover for Trade Fairs and Exhibitions? If yes, please state the estimated number of Fairs to be attended with details of the locations and the maximum limit required at each:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>															
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; border-bottom: 1px solid black; text-align: left;"><u>Fair</u></th> <th style="width: 15%; border-bottom: 1px solid black; text-align: left;"><u>Dates</u></th> <th style="width: 35%; border-bottom: 1px solid black; text-align: left;"><u>Sum Insured</u></th> </tr> </thead> <tbody> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;">\$ _____</td> </tr> </tbody> </table>	<u>Fair</u>	<u>Dates</u>	<u>Sum Insured</u>			\$ _____			\$ _____			\$ _____			\$ _____	
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		\$ _____														
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<p>If Transit Cover Required, please advise details of annual transit turnover (total value shipped) for:</p>	
Domestic Professional Fine Art Carrier Shipments:	\$ _____
Domestic Personal Conveyances	\$ _____
Domestic Courier Shipments	\$ _____
Overseas Professional Fine Art Carrier Shipments:	\$ _____
Overseas Personal Conveyances	\$ _____
Overseas Courier Shipments	\$ _____

<p>Please indicate the approximate proportion per category of the total value of your stock:</p>	
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	_____%
<p>(Please specify)</p> <p>_____</p>	

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:

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.