

**PROPOSAL FORM**

**PRIVATE ART AND COLLECTABLES 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.**

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

<p>2. <b>Location 1:</b> (if cover is required for additional locations please use addendum at the end of this proposal)</p> <p>a. Name of Storage Company or Business where the items are kept (if applicable):</p>	a.	
<p>b. Address of this Location:</p>	b.	
<p>c. If this location is a Private Residence, who lives here: (Please specify relationship to Proposer)</p>	c.	
<p>d. If this location is a Business or Office, where are the items kept or stored within the premises?</p>	d.	
<p>e. Is there restricted access to the storage area? If yes, what is the security and who has access to this area:</p>	e.	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>f. In respect of Valuables:</p> <p>i) Are these kept in a safe:</p> <p>ii) If yes, who has access to the safe:</p>	f. i) ii)	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>iii) Please give the specifications of the safe (make, model, cash rating and weight )</p>	iii)	
<p>g. In respect of Artworks, Wine and Collectables:</p> <p>i) Are the items stored here kept under Climate Control:</p> <p>ii) Are items stored a minimum of 15cm off the floor:</p>	g. i) ii)	Yes: <input type="checkbox"/> No: <input type="checkbox"/> Yes: <input type="checkbox"/> No: <input type="checkbox"/>
<p>h. Please detail security at this Location:</p>	h.	<p>Deadlocks on Doors: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Window Locks: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Local Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Monitored Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Smoke Detectors: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Fire Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

3. Please specify Total Values to be Insured for:		
a. Paintings	a.	\$ _____
b. Artworks & Sculptures – Non-Fragile	b.	\$ _____
c. Artworks & Sculptures – Fragile	c.	\$ _____
d. Books / Maps	d.	\$ _____
e. Stamps / Rare Banknotes	e.	\$ _____
f. Rare Coins	f.	\$ _____
g. Diamonds, Loose Stones, Jewellery, Gold, Bullion	g.	\$ _____
h. Wines and Spirits	h.	\$ _____
i. Memorabilia and Collectables	i.	\$ _____
j. Silverware	j.	\$ _____
k. Antiques, Clocks, Other Items	k.	\$ _____
<b>Total Sum Insured Required for this Location</b>		\$ _____

<p>4. a. Will you require cover for any items removed from Storage?</p> <p>b. If Yes, please give full details of:</p> <p>i) Item(s) cover required for:</p>	<p>a.</p> <p>b.</p> <p>i)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>ii) Reason for removal?</p>	<p>ii)</p>	
<p>iii) Number of days taken out per year?</p>	<p>iii)</p>	
<p>iv) Where will the items be kept when removed from storage?</p>	<p>iv)</p>	
<p>v) Please advise what security exists here? (Deadlocks on doors, window locks, safe, monitored alarm etc.)</p>	<p>v)</p>	
<p>vi) What is the maximum sum insured required for all items when removed from Storage?</p>	<p>vi)</p>	
<p>vii) What Territorial Limits do you require for such items?</p>	<p>vii)</p>	
<p>viii) Do you require cover for items in transit by personal conveyance, post or courier service?</p>	<p>viii)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>ix) If yes, please advise which methods or couriers will be used and the maximum sum insured required any one transit?</p>	<p>ix)</p>	
<p>x) Estimated number of such transits per year?</p>	<p>x)</p>	

<p>5. a. Are valuations and/or receipts available for all items?</p> <p>b. Other than for Bullion or Precious Metals, are any Purchase Receipts or Valuations more than 5 years old:</p>	<p>a.</p> <p>b.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>6. 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>a.</p> <p>b.</p> <p>i)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>ii) circumstances and amount of each loss (if insufficient space, please attach a separate sheet).</p>	<p>ii)</p>	
<p>iii) if insured, whether paid in full or otherwise</p>	<p>iii)</p>	
<p>7. With whom is insurance currently in force?</p>		
<p>8. 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.</p> <p>b.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>9. From what date do you wish this insurance to commence?</p>		

10. Please give a schedule of all items to be insured. If insufficient space, please attach a separate sheet. All items are to be listed separately stating the amount for which Insurance is sought. NB Items valued at \$5,000 or under may be Unscheduled. Scheduled Items are insured for 'Agreed Value' Unscheduled Items are insured for 'Market Value'

Item	Description (please indicate * items you require cover for when removed from storage and number of days per year)	Declared Value
1.		\$ 0
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
	<b>Total Declared Value</b>	<b>\$ 0</b>

11.	Please state total sum insured required for all unscheduled items valued up to \$5,000 any one item:	\$
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I hereby declare that the above statements and particulars, whether in my own hand or not, are true. I also declare that I have read and understood the important notices below.

I understand that I have a duty to take reasonable care not to make a misrepresentation and that if it is determined that a misrepresentation has been made, the Insurer may cancel the contract or the Insurer may reduce the amount they pay if I make a claim, or both.

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.

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Signature of Proposer

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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 Policy is a Consumer Insurance Contract

Under the Financial Sector Reform (Hayne Royal Commission Response) Act 2020, Your policy is categorised as a Consumer Insurance Contract (CIC).

Before You enter into a consumer insurance contract, You have a duty to take reasonable care not to make a misrepresentation. You have this duty until We agree to insure You.

You have the same duty before You renew, extend, vary or reinstate an insurance contract.

Whether or not You have taken reasonable care not to make a misrepresentation will be determined with regard to all the relevant circumstances with the following matters likely to be taken into account:

- The type of consumer insurance contract and its target market;
- Explanatory material or publicity produced or authorised by Us;
- How clear, and how specific were any questions asked by Us;
- How clearly the importance of answering those questions and the possible consequences of failing to do so were communicated to You;
- Whether or not an agent was acting for You;
- Whether the contract was a new contract or was being renewed, extended, varied or reinstated.

If it is determined that a misrepresentation has been made, We may cancel Your contract or the Insurer may reduce the amount they pay You if You make a claim, or both.

Please note that a misrepresentation made fraudulently is made in breach of this duty, and the Insurer may refuse to pay a claim and treat the contract as if it never existed.

### Who needs to tell Us:

It is important that You understand You are answering Our questions for yourself and anyone else who You want to be covered by the Policy

### 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 Australian 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.



**ADDITIONAL LOCATIONS ADDENDUM**

<p>2. <b>Location</b> :</p> <p>a. Name of Storage Company or Business where the items are kept (if applicable):</p>	<p>a.</p>	
<p>b. Address of this Location:</p>	<p>b.</p>	
<p>c. If this location is a Private Residence, who lives here: (Please specify relationship to Proposer)</p>	<p>c.</p>	
<p>d. If this location is a Business or Office, where are the items kept or stored within the premises?</p>	<p>d.</p>	
<p>e. Is there restricted access to the storage area? If yes, what is the security and who has access to this area:</p>	<p>e.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>f. In respect of Valuables:</p> <p>i) Are these kept in a safe:</p> <p>ii) If yes, who has access to the safe:</p>	<p>f. i) ii)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>iii) Please give the specifications of the safe (make, model, cash rating and weight ):</p>	<p>iii)</p>	
<p>f. In respect of Artworks Wine and Collectables:</p> <p>i) Are the items stored here kept under Climate Control:</p> <p>ii) Are items stored a minimum of 15cm off the floor:</p>	<p>f. i) ii)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>d. Please detail security at this Location:</p>	<p>d.</p>	<p>Deadlocks on Doors: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Window Locks: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Local Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Monitored Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Smoke Detectors: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Fire Alarm: Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

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<p>iii) Number of days taken out per year?</p>	<p>iii)</p>	
<p>iv) Where will the items be kept when removed from storage?</p>	<p>iv)</p>	

**10.** Please give a schedule of all items to be insured at this Location. If insufficient space, please attach a separate sheet. All items are to be listed separately stating the amount for which Insurance is sought. NB Items valued at \$5,000 or under may be Unscheduled. Scheduled Items are insured for 'Agreed Value' Unscheduled Items are insured for 'Market Value'

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8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
16.		\$
17.		\$
18.		\$
19.		\$
20.		\$
<b>Total Declared Value – Location</b>		<b>\$ 0</b>

11.	Please state total sum insured required for all unscheduled items valued up to \$5,000 any one item:	\$
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