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1300 974 095

## PROPOSAL FORM MUSEUM INSURANCE

### IMPORTANT INFORMATION

#### **Your Duty of Disclosure**

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms.

You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell us anything that:

- Reduces the risk we insure you for;
- Is common knowledge;
- We should know as an insurer; or
- We waive your duty to tell us about.

#### **If you do not tell us something**

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### **Subrogation**

If you have entered into an agreement with another party which prevents the Insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy.

Should you currently be a party to such an agreement or be requested to enter such an agreement in the future please advise this us in writing.

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



**INSURED DETAILS**

Insured / Museum Name:	<hr/>
Principal(s) Name(s):	<hr/>
Address of main location:	<hr/>
Contact Details:	Phone No: Email: Website:
How long have you carried on your business?	At this address: Elsewhere:



**PREMISES DETAILS – MAIN LOCATION**

**Construction Details:**

Is this location:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Built of brick, stone or concrete?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Roofed with slate, tile, asphalt, metal or concrete? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. In good condition and repair?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered No to any of the above, please provide full details:

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**Protections:**

Does this location have:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Burglar alarm?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fire alarm?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Fire Extinguishers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Smoke Detectors?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Sprinklers?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Where fitted:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is the burglar alarm monitored by a central station?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is the fire alarm monitored by a central station?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is there line or signal security protecting the alarm signals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is the alarm system maintained under contract?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please state types of locks on all external doors, accessible windows and skylights:

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At this location:

Do you store / display paintings and artworks vulnerable to water damage above floor level? Yes  No

Do you keep stock in the basement? Yes  No

If yes to either, please give details?

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**COLLECTION DETAILS**

**Please give an approximate split of your collection (including all consignment goods) by value:**

Paintings pre 1960	%	Paintings post 1960	%
Drawings, prints, maps	%	Books	%
Non-fragile artworks	%	Fragile artworks	%
Furniture	%	Carpets, rugs & tapestries	%
Silverware	%	Jewellery, gold, precious stones	%
Stamps, rare bank notes	%	Other (please give details below)	%
_____			

**Basis of Valuation**

The Basis of Valuation in the Policy is

1. For individually scheduled items – Agreed Value
2. For non-scheduled items – Fair Market Value
3. For items on consignment or belonging to third parties – the consignment note amount or your liability to the third party as applicable

We will require a copy of the schedule of items for Agreed Value to apply.

If a different Basis of Valuation is requested, please specify below for consideration

\_\_\_\_\_

**SUMS INSURED REQUIRED**

**Please state the Sums Insured you require for the following categories:**

- |     |   |          |
|-----|---|----------|
| 1.  | Insured's Collection & Stock, including all consignment goods:    | \$ _____ |
| 2.  | Trade and Office Contents, Fixtures and Fittings:                 | \$ _____ |
| 3.  | Tenant's Improvements & Betterments                               | \$ _____ |
| 4.  | Artworks / Sculptures in the open air at the location:            | \$ _____ |
| 5.  | Money on Premises:  |          |
|     | In Safe:  | \$ _____ |
|     | Out of Safe During Business Hours:                                | \$ _____ |
| 6.  | Stock at Unnamed Locations  |          |
|     | Domestic:   | \$ _____ |
|     | Overseas:   | \$ _____ |
| 7.  | General Property / Contents to be covered away from the location: | \$ _____ |
| 8.  | Money in Transit by Personal Conveyance:                          | \$ _____ |
| 9.  | Removal of Debris:  | \$ _____ |
| 10. | Internal & External Glass & Signs:                                | \$ _____ |
| 11. | Restoration of Records:   | \$ _____ |
| 12. | Temporary Shoring Up & Protection Costs                           | \$ _____ |
| 13. | Fire Extinguishment Expenses:                                     | \$ _____ |
| 14. | Property of Directors & Employees:                                | \$ _____ |
| 15. | Employee Infidelity:  | \$ _____ |
| 16. | Exhibitions and Trade Fairs:                                      | \$ _____ |
| 17. | Public & Products Liability:                                      | \$ _____ |
| 18. | Professional Indemnity:   | \$ _____ |
| 19. | Business Interruption:  |          |
|     | Gross Income:   | \$ _____ |
|     | Additional Increased Cost of Working:                             | \$ _____ |
|     | Accountants Fees:   | \$ _____ |
|     | Indemnity Period:   | _____    |
| 20. | Stock in Transit domestically by:                                 |          |
|     | Professional Fine Art Carriers:                                   | \$ _____ |
|     | Personal Conveyance:  | \$ _____ |
|     | Courier or Postal Service:  | \$ _____ |
| 21. | Stock in Transit overseas by:                                     |          |
|     | Professional Fine Art Carriers:                                   | \$ _____ |
|     | Personal Conveyance:  | \$ _____ |
|     | Courier or Postal Service:  | \$ _____ |



**RISK & EXPOSURE INFORMATION**

**Property Values at Risk:**

Do the Sums Insured specified in items 1 to 5 above represent the Total Value of the property at risk at the location?

Yes

No

If No, please give details:

\_\_\_\_\_

**Transits:**

If Transit Cover selected, please advise the **annual** transit turnover (total values shipped) for the last 12 months by:

Domestic Professional Fine Art Carrier Shipments: \$ \_\_\_\_\_

Domestic Personal Conveyances: \$ \_\_\_\_\_

Domestic Courier or Postal Shipments: \$ \_\_\_\_\_

Overseas Professional Fine Art Carrier Shipments: \$ \_\_\_\_\_

Overseas Personal Conveyances: \$ \_\_\_\_\_

Overseas Courier or Postal Shipments: \$ \_\_\_\_\_

Please advise which countries you ship to for overseas Transits:

\_\_\_\_\_

**Trade Fairs & Exhibitions:**

If Exhibition and Trade Fairs cover selected, please list the fairs to be attended with details of the locations and the limits required (where different from sum insured above) for each:

<u>Exhibition / Trade Fair Name</u>	<u>Dates</u>	<u>Limit Required</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____



**RISK & EXPOSURE INFORMATION CONTINUED**

<b>Public &amp; Products Liability</b>	<b>This Year</b>	<b>Next Year</b>
1. Number of Employees (all locations):		
2. Gross Turnover:	\$	\$
3. Value of sub-contracts:	\$	\$
4. If labour hire used, annual amount paid to hire firms:	\$	\$
5. Do you wish to cover sub-contractors / labour hire staff for liability:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Please give details of sub-contract and labour hire work undertaken: _____		

**RISK MANAGEMENT INFORMATION**

1. Do you use approbation/consignment notes in respect of entrustments out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Do you give receipts for goods left with you and require surrender of such receipts before goods are returned to the owner(s)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. 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"/>



**INSURANCE HISTORY**

<p>1. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue on special terms any insurance for you or any other person to whom this insurance would apply?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
<p>2. Have you or any other principals, partners and/or directors ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please provide details:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
<p>3. Have you or any other principals, partners and/or directors sustained any loss or damage during the last 6 years that would have been covered by this type of insurance had it been in force?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If yes, please give details in the table below</p>	

Description of Loss	Date	Amount
		\$
		\$
		\$
		\$



Are there any other factors affecting this insurance you wish to disclose:      Yes       No

If yes, please provide details below:

\_\_\_\_\_

### DECLARATION & SIGNATURE

You must tell us anything that you know, or should know, could affect our decision to insure you and/or the terms on which we insure you. You must do this when you apply, renew your policy, or when you change or re-instate your policy. When we ask specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984

I hereby acknowledge that I have complied with the duty of disclosure which is stated above. I confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Dated: \_\_\_\_\_

Quantum Underwriting Agencies  
Corporate Authorised Representative of  
Quantum Insurance Holdings Pty Ltd  
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T: 1300 974 095  
W: [www.qua.net.au](http://www.qua.net.au)  
AFS 451 134



**PREMISES DETAILS – ADDITIONAL LOCATION - LOCATION NO:**

**Address of Location:**

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**Construction Details:**

Is this location:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Built of brick, stone or concrete?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Roofed with slate, tile, asphalt, metal or concrete? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. In good condition and repair?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered No to any of the above, please provide full details:

---

**Protections:**

Does this location have:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Burglar alarm?      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Fire alarm?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Fire Extinguishers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Smoke Detectors?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Sprinklers?         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Where fitted:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Is the burglar alarm monitored by a central station?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is the fire alarm monitored by a central station?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Is there line or signal security protecting the alarm signals? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Is the alarm system maintained under contract?                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Please state types of locks on all external doors, accessible windows and skylights:

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**At this location:**

Do you store paintings and artworks vulnerable to water damage in racks or on plinths raised above floor level?

Yes  No

Do you keep stock in the basement?

Yes  No

If yes to either of the above, please give details?

\_\_\_\_\_

**SUMS INSURED REQUIRED**

**Please state the Sums Insured you require for the following categories at this location:**

1. Collection / Stock including all consignment goods at the location: \$ \_\_\_\_\_
2. Trade and Office Contents, Fixtures and Fittings: \$ \_\_\_\_\_
3. Artworks / Sculptures in the open air at this location: \$ \_\_\_\_\_
4. Money on Premises: In Safe: \$ \_\_\_\_\_  
Out of Safe During Business Hours: \$ \_\_\_\_\_
5. Internal & External Glass & Signs: \$ \_\_\_\_\_

**RISK & EXPOSURE INFORMATION**

**Property Values at Risk:**

Do the Sums Insured specified in items 1 to 5 above represent the Total Value of the property at risk at this location?

Yes  No

If No, please give details:

\_\_\_\_\_