

PRIVATE COLLECTIONS PROPOSAL

JEWELLERY FINE ART & COLLECTIBLES

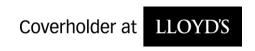
COMPLETING THE PROPOSAL FORM

- Please answer all questions fully
- Please read the Important Notices at the end of this proposal
- 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.

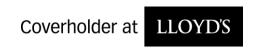
1.	a.	Name of Proposer(s):	a.
	b.	Residential Address(es):	b.
	C.	Age(s) of Proposer(s)	c.
	d.	Business or Occupation of Proposer:	d.
	e.	If a Superannuation Fund is to be insured, please give name of the fund as it should appear in the policy?	e.





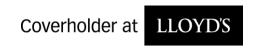
2.	a.	usu: (<i>if n</i>	ally k nore i	address(es) are the items to be insured ept? than one location please complete al location(s) addendum below)	a.					
	b.	(i)		the buildings constructed of brick, stone oncrete with slate, tile, concrete or metal f?	b.	(i)		Yes	No 🗌	
		(ii)	If no	ot, please state construction:		(ii)				
	c.	(i)	Is th	nis location a holiday home?	c.	(i)		Yes	No 🗌	
		(ii)		es, please advise how often the property necked / attended / occupied:		(ii)				
	d.	(i)	Is th	nis location rented to others?	d.	(i)		Yes	No 🗌	
		(ii)	If ye	es, please give details:		(ii)				
	e.	(i)	Is th	nis location an apartment?	c.	(i)		Yes	No 🗌	
		(ii)	If sc	o, is it self-contained?		(ii)		Yes	No 🗌	
		(iii)	Is th	nere access control to the building?		(iii)		Yes	No 🗌	
		(iv)	On	which floor of the building is it situated?		(iv)				
3.	Do 1	the p	remis	ses have:						
3.	Do t			ses have: ks on external doors?	а			Yes	No 🗌	
3.		Dea	dlock		a b.			Yes Yes	No 🗌	
3.	a.	Dea Win	dlock dow	ks on external doors?						
3.	a. b.	Dea Win	dlock dow glar <i>A</i>	ks on external doors? locks on all accessible windows?	b.	(i)		Yes	No 🗌	
3.	a. b.	Dea Win Bur	dlock dow glar <i>A</i>	ks on external doors? locks on all accessible windows? Alarm?	b.	(i) (ii)	(a)	Yes Yes	No No	
3.	a. b.	Dea Win Burg (i)	dlock dow glar A Is th	ks on external doors? locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the	b.		(a) (b)	Yes Yes Yes	No No No	
3.	a. b.	Dea Win Burg (i)	dlock dow glar A Is th (a)	locks on all accessible windows? Alarm? The alarm monitored? Does it cover all areas containing the insured items?	b.			Yes Yes Yes	No No No	
3.	a. b. c	Dea Win Bur (i) (ii)	dlock dow glar A Is th (a) (b)	locks on all accessible windows? Alarm? The alarm monitored? Does it cover all areas containing the insured items?	b. c.			Yes Yes Yes Yes	No No No No	
3.	a. b. c	Dea Win Burg (i) (ii)	dlock dow glar A Is th (a) (b)	locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage	b. c.	(ii)		Yes Yes Yes Yes	No No No No	
3.	a. b. c	Dea Win Burg (i) (ii) Safe (i)	dlock dow glar A Is th (a) (b) ? Mak	locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage	b. c.	(ii)		Yes Yes Yes Yes	No No No No	
3.	a. b. c	Deal Win Burg (i) (ii) Safe (i) (iii) (iii)	dlock dow glar A Is th (a) (b) e? Mak App Casi	locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage ke & Model proximate weight of safe	b. c.	(ii) (i) (ii)		Yes Yes Yes Yes	No No No No	
3.	a. b. c	Deal Win Burg (i) (ii) Safe (i) (iii) (iii)	dlock dow glar A Is th (a) (b) ? Mak App Casl Is th	locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage ke & Model broximate weight of safe th rating (if known)	b. c.	(ii) (i) (ii) (iii)		Yes Yes Yes Yes	No	





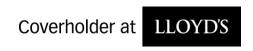
4.	a.	Will the premises regularly be left unattended by day or night?	a.	Yes	No	
	b.	If yes, please give details of				
		(i) Maximum duration unattended at any one time:	(i)			
		(ii) How often left unattended for more than 30 consecutive days in any year:	(ii)			
	C.	For Jewellery & Valuables worn or carried overseas, please advise:	c.			
		(i) Approximate number of trips per year:	(i)			
		(ii) Average trip duration:	(ii)			
		(iii) Maximum trip duration:	(iii)			
5.		ellery & Valuables - Please State the Total Values in r Collection of:				
	a.	Jewellery:	a.	\$		
	b.	Precious Stones, Bullion, Gold, Coins, Other				
		Valuables:	b.	\$		
6.		vellery & Valuables – Please State the Sums Insured juired for:				
	a.	Scheduled Jewellery & Valuables:	a.	\$_		 Please provide Schedule
	b.	Unscheduled Jewellery & Valuables: *	b.	\$_		 Maximum \$50,000
	C.	Wearing / Carrying Limit for Jewellery & Valuables:	c.	\$_		
	*No	te: Maximum Any One Unscheduled Item Limit is \$5,000				
7.		works & Collectibles – Please State the Total Values our Collection of:				
	a.	Paintings:	a.	\$		
	b.	Non-Fragile Artworks & Sculptures:	b.	\$		
	c.	Fragile Artworks, Sculptures, Glass, & Ceramics:	c.	\$		
	d.	Antique Furniture, Clocks:	d.	\$		
	e.	Books, Maps, Stamps:	e.	\$		
	f.	Rugs & Tapestries:	f.	\$		
	g.	Memorabilia:	g.	\$		
	h.	Other:	h.	\$	 	
	i.	Please describe 'other':	i.			





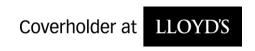
8.	Art۱	works - Sums Insured Required:				
	a.	Scheduled Artworks & Collectibles:	a.	\$_		 Please provide Schedule
	b.	Unscheduled Artworks & Collectibles: *	b.	\$_		 Maximum \$100,000
	*No	te: Maximum Any one Unscheduled Item Limit is \$25,000				
9.		receipts or valuations less than 5 years old ilable for all items?	9.	Yes	No	
	Spec	e: It is important to ensure your items are valued regularly. cial Conditions may be applied if you do not have valuations ecceipts to support ownership and value of insured property.				
10.	occ	ne premises stated in Q2 a. are not owned or upied by you, please answer the following stions:				
	a.	What is the nature of this location? (e.g. Professional Storage Facility, Office, Other Private Residence):	a.			
	b.	If this location is an Office or Private Residence, what is your relationship to the owner / occupier:	b.			
	C.	If this location is an Office, who will have access to the area where the assets are stored when you are not present?	C.			
	d.	If the items are stored in a safe, who other than you will have access to the safe?	d.			
11.	a.	Has Proposer or any member of Proposer's household ever suffered any loss or losses that would have been covered by this type of insurance?	a.	Yes	No	
	b.	If so, please state: (i) Approximate date(s) of loss	b. (i)			
		(ii) Circumstances and amount of each loss	(ii)			
		(iii) If insured, whether paid in full or otherwise	(iii)			





12.	With whom is insurance currently in force?	
13.	cancelled insurance for Proposer or any memb of Proposer's household?	a. Yes No
	b. If yes, please give details	b.
14.	Have you or any other person to whom this insuran will apply:	nce
	 Ever been convicted of a criminal offence (excluding spent convictions and traffic infringements)? 	a. Yes No
	b. Ever been charged or convicted of any offence involving dishonesty of any kind?	b. Yes No
	 Ever been declared bankrupt, insolvent or had liquidator appointed? 	c. Yes No
	If you answered yes to any of the above, please give further details below or attach a separate sheet.	ve
If yo	ou answered "Yes", please provide complete detail	ils.
15.	From what date do you wish this insurance to commence?	
16.	Are there any other factors affecting this insurance which you are aware?	e of





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 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.

if I make a claim, or both.	,,,,,
	not bind me (or underwriters) to complete the insurance but agree his proposal and the statements made herein shall form the basis of
Signature of Proposer	



No	Description	Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
	Total Declared Value of Scheduled Items:	\$



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 LOCATION ADDENDUM

2.	a.	Loca	ation	2 Address:	a.							
	b.	(i)	stor	the buildings constructed of brick, ne or concrete with slate, tile, crete or metal roof?	b.	(i)	Yes		No			
		(ii)	If no	ot, please state construction:		(ii)						
	c.	(i)	Is th	nis location a holiday home?	c.	(i)	Yes		No			
		(ii)		es, please advise how often the perty is attended / occupied:		(ii)						
	d.	(i)	Is th	nis location rented to others?	d.	(i)	Yes		No			
		(ii)	If ye	es, please give details:		(ii)						
	e.	(i)	Is th	nis location an apartment?	C.	(i)	Yes		No			
		(ii)	If so	o, is it self-contained?		(ii)	Yes		No			
		(iii)	Is th	nere access control to the building?		(iii)	Yes		No			
		(iv)		which floor of the building is it ated?		(iv)						
					1							
3.	Do t	the p		ses have:								
3.	Do t		remis		а			Yes		No		
3.		Dea	remis dlock	ses have:	a b.			Yes Yes		No No		
3.	a.	Dea Win	remis dlock dow	ses have: ks on external doors?								
3.	a. b.	Dea Win	remis dlock dow glar A	ses have: ss on external doors? locks on all accessible windows?	b.	(i)		Yes		No		
3.	a. b.	Dea Win Burg	remis dlock dow glar A	ses have: ks on external doors? locks on all accessible windows? Alarm?	b.	(i) (ii)	(a)	Yes Yes		No No		
3.	a. b.	Dea Win Burg (i)	remis dlock dow glar A Is th	ses have: ks on external doors? locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the	b.		(a) (b)	Yes Yes Yes		No No No		
3.	a. b.	Dea Win Burg (i)	remis dlock dow glar A Is th (a)	ses have: Is on external doors? Iocks on all accessible windows? Alarm? The alarm monitored? Does it cover all areas containing the insured items?	b.			Yes Yes Yes		No No No		
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3.	a. b. c	Dea Win Burg (i) (ii)	remis dlock dow glar A Is th (a) (b)	ses have: Is on external doors? locks on all accessible windows? Alarm? The alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage	b. c.	(ii)		Yes Yes Yes		No No No		
3.	a. b. c	Dea Win Burg (i) (ii) Safe (i)	remis dlock dow glar A Is th (a) (b)	ses have: Is on external doors? locks on all accessible windows? Alarm? The alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage See & Model	b. c.	(ii) (i)		Yes Yes Yes		No No No		
3.	a. b. c	Dea Win Burg (i) (ii) Safe (i) (ii) (iii)	remis dlock dow glar A Is th (a) (b) e? Mak App Cash	ses have: ss on external doors? locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage see & Model proximate weight of safe	b. c.	(ii) (i) (ii)		Yes Yes Yes		No No No		
3.	a. b. c	Dea Win Burg (i) (ii) Safe (i) (ii) (iii)	remis dlock dow glar A Is th (a) (b) e? Mak App Cash Is th	ses have: ss on external doors? locks on all accessible windows? Alarm? ne alarm monitored? Does it cover all areas containing the insured items? If not, state extent of coverage se & Model proximate weight of safe th rating (if known)	b. c.	(ii) (i) (ii) (iii)		Yes Yes Yes Yes		No No No		



No	Description	Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
	Total Declared Value of Scheduled Items Location :	\$