

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.

<p>2. a. At which address(es) are the items to be insured usually kept? <i>(if more than one location please complete additional location(s) addendum below)</i></p> <p>b. (i) Are the buildings constructed of brick, stone or concrete with slate, tile, concrete or metal roof? (ii) If not, please state construction:</p> <p>c. (i) Is this location a holiday home? (ii) If yes, please advise how often the property is checked / attended / occupied:</p> <p>d. (i) Is this location rented to others? (ii) If yes, please give details:</p> <p>e. (i) Is this location an apartment? (ii) If so, is it self-contained? (iii) Is there access control to the building? (iv) On which floor of the building is it situated?</p>	<p>a.</p> <p>b. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>c. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>d. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>c. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii) Yes <input type="checkbox"/> No <input type="checkbox"/> (iii) Yes <input type="checkbox"/> No <input type="checkbox"/> (iv)</p>
<p>3. Do the premises have:</p> <p>a. Deadlocks on external doors?</p> <p>b. Window locks on all accessible windows?</p> <p>c. Burglar Alarm? (i) Is the alarm monitored? (ii) (a) Does it cover all areas containing the insured items? (b) If not, state extent of coverage</p> <p>d. Safe? (i) Make & Model (ii) Approximate weight of safe (iii) Cash rating (if known) (iv) Is the safe bolted to the floor?</p> <p>e. CCTV?</p> <p>f. Any other protections?</p>	<p>a. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c. Yes <input type="checkbox"/> No <input type="checkbox"/> (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii) (a) Yes <input type="checkbox"/> No <input type="checkbox"/> (b)</p> <p>d. Yes <input type="checkbox"/> No <input type="checkbox"/> (i) (ii) (iii) (iv) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>e. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>f.</p>

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

<p>8. Artworks - Sums Insured Required:</p> <p>a. Scheduled Artworks & Collectibles:</p> <p>b. Unscheduled Artworks & Collectibles: *</p> <p><i>*Note: Maximum Any one Unscheduled Item Limit is \$25,000</i></p>	<p>a. \$ _____ <i>Please provide Schedule</i></p> <p>b. \$ _____ <i>Maximum \$100,000</i></p>
<p>9. Are receipts or valuations less than 5 years old available for all items?</p> <p><i>Note: It is important to ensure your items are valued regularly. Special Conditions may be applied if you do not have valuations or receipts to support ownership and value of insured property.</i></p>	<p>9. Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>10. If the premises stated in Q2 a. are not owned or occupied by you, please answer the following questions:</p> <p>a. What is the nature of this location? (e.g. Professional Storage Facility, Office, Other Private Residence):</p> <p>b. If this location is an Office or Private Residence, what is your relationship to the owner / occupier:</p> <p>c. If this location is an Office, who will have access to the area where the assets are stored when you are not present?</p> <p>d. If the items are stored in a safe, who other than you will have access to the safe?</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>
<p>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?</p> <p>b. If so, please state:</p> <p>(i) Approximate date(s) of loss</p> <p>(ii) Circumstances and amount of each loss</p> <p>(iii) If insured, whether paid in full or otherwise</p>	<p>a. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b.</p> <p>(i)</p> <p>(ii)</p> <p>(iii)</p>

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

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.

I understand that the signing of this proposal does not bind me (or 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

Please give a schedule of items to be insured at this location. If insufficient space, please attach a separate sheet

No	Description	Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
Total Declared Value of Scheduled Items:		\$ 0

All items are to be listed separately by the Proposer stating for each item the amount for which Insurance is sought.

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

<p>2. a. Location 2 Address:</p> <p>b. (i) Are the buildings constructed of brick, stone or concrete with slate, tile, concrete or metal roof? (ii) If not, please state construction:</p> <p>c. (i) Is this location a holiday home? (ii) If yes, please advise how often the property is attended / occupied:</p> <p>d. (i) Is this location rented to others? (ii) If yes, please give details:</p> <p>e. (i) Is this location an apartment? (ii) If so, is it self-contained? (iii) Is there access control to the building? (iv) On which floor of the building is it situated?</p>	<p>a.</p> <p>b. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>c. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>d. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii)</p> <p>c. (i) Yes <input type="checkbox"/> No <input type="checkbox"/> (ii) Yes <input type="checkbox"/> No <input type="checkbox"/> (iii) Yes <input type="checkbox"/> No <input type="checkbox"/> (iv)</p>
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Please give a schedule of items to be insured at this location. If insufficient space, please attach a separate sheet

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1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
6.		\$
7.		\$
8.		\$
9.		\$
10.		\$
11.		\$
12.		\$
13.		\$
14.		\$
15.		\$
Total Declared Value of Scheduled Items Location :		\$ 0

All items are to be listed separately by the Proposer stating for each item the amount for which Insurance is sought.