



## **PROPOSAL FORM FOR ART AND ANTIQUE DEALERS INSURANCE**

**IMPORTANT INFORMATION**

**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 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.

**PLEASE ENSURE ALL QUESTIONS ARE FULLY ANSWERED.**

**PLEASE COMPLETE A SEPARATE PROPOSAL FOR EACH LOCATION**

**DETAILS OF THE PROPOSER**

Name(s) of Proposer(s):	
Trading Name (if different):	
Address for Correspondence:	
Post Code:	
Telephone Number:	
Facsimile 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? Yes  No

If yes, please give details:

Have you ever traded under a different name? Yes  No

If yes, please give details

**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? Yes  No

If yes, please give details:

\_\_\_\_\_



Do you have:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| i) Fire Extinguishers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| ii) Fire Alarms?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iii) Smoke Detectors?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| iv) Sprinklers?        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If installed, is the Fire Alarm monitored by a Central Station? Yes  No

Are there any other fire or security protections? Yes  No

If yes, please give details:

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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  No

Do you have any annual stock-take? Yes  No

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  No

Do you use approbation/consignment notes in respect of all entrustments out? Yes  No

**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 forthcoming twelve months trading for the following categories:

- i) Stock, Goods in Trust and Cash held in lieu of Stock: \$ \_\_\_\_\_
- ii) Trade and Office Contents, Fixtures and Fittings: \$ \_\_\_\_\_
- iii) Fine Arts forming part of a Private Collection: \$ \_\_\_\_\_  
Basis of Valuation: Agreed Value (Schedule to be Provided).
- iv) Reference Library: \$ \_\_\_\_\_
- v) Unnamed Locations / Outward Entrustments: \$ \_\_\_\_\_
- vi) Stock in Transit by
  - Professional Fine Art Carriers: \$ \_\_\_\_\_
  - Personal Conveyance: \$ \_\_\_\_\_
  - Courier Service: \$ \_\_\_\_\_
  - Territorial Limit:
    - Australia
    - Other (please specify)

Do you require cover for Trade Fairs and Exhibitions? Yes  No

If yes, please state the estimated number of Fairs to be attended with details of the locations and the maximum limit required at each:

<u>Fair</u>	<u>Dates</u>	<u>Sum Insured</u>
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Please advise details of **annual** transit turnover (total value shipped) for:

Domestic Professional Fine Art Carrier Shipments:	\$ _____
Domestic Personal Conveyances	\$ _____
Domestic Courier Shipments	\$ _____
Overseas Professional Fine Art Carrier Shipments:	\$ _____
Overseas Personal Conveyances	\$ _____
Overseas Courier Shipments	\$ _____

Please indicate the approximate proportion per category of the total value of your stock:

- |  |        |
|--|--------|
| i) Pictures and the like, including frames   | _____% |
| ii) Non-fragile sculpture                    | _____% |
| iii) Fragile sculpture                       | _____% |
| iv) Furniture                                | _____% |
| v) Silverware, plateware and precious metals | _____% |
| vi) Ceramics, glass and other brittle items  | _____% |
| vii) Antiquarian books                       | _____% |
| viii) Antique clocks                         | _____% |
| ix) Carpets, Rugs and Tapestries             | _____% |
| x) Any other type of stock not listed above  | _____% |

(Please specify)

\_\_\_\_\_



**DETAILS OF INSURANCE HISTORY**

Please provide the name of your previous insurers and the expiry date of your current Insurance Policy (if applicable):

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Please provide details of any losses sustained during the last five years, whether insurance was in force or not:

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If Lloyd's or any other insurer have ever cancelled or refused to issue or continue any insurance for you, please provide details:

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Please provide details of any other matters concerning the risk you wish to disclose:

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Please provide two references from the trade:

1. <hr/>	2. <hr/>
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**Declaration**

**To the best of my knowledge and belief the information provided on this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle Underwriters to avoid this insurance.**

**I understand that signing of this proposal does not bind me 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