



PROPOSAL

FINE ART
INSURANCE

FOR DEALERS

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

1. PROPOSER

Trading name

Period for which the proposer has traded under the current name

 Years

2. PREMISES

Address of the main location

Is the main location

- (a) Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? Yes No

If No, give details

- (b) Do you keep stock in the basement? Yes No

- (c) Do you share your main location? Yes No

If Yes, with whom and for what purposes?

- (d) Do you occupy any other location for the purpose of the business? Yes No

If Yes, complete an additional location sheet for each

3. PROTECTIONS

(a) Is a burglar alarm fitted? Yes No

If Yes:

(i) is it connected to a police and/or central station? Yes No

(ii) are movement detectors installed? Yes No

(iii) are panic buttons installed? Yes No

(iv) is there a maintenance contract? Yes No

(v) does it protect all areas containing the insured items? Yes No

(b) State types of locks on all external doors:
(e.g: five lever mortice deadlock, etc)

(c) State types of locks on all windows and skylights:
(e.g: screw or key operated)

(d) Give details of all other security protection:

(i) closed circuit television Yes No

(ii) safe Yes No

(iii) strong room Yes No

(iv) access control Yes No

(v) buzzer entry Yes No

(vi) other

- (e) Are there:
- (i) fire extinguishers Yes No
- (ii) fire alarms Yes No
- (iii) smoke detectors Yes No
- (iv) sprinklers Yes No
- (v) other fire protections
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4. STOCK

Give the approximate split of your stock values:

- (a) Paintings pre 1960, drawings and prints %
- (b) Paintings post 1960 %
- (c) Books %
- (d) Statues and sculptures of a non-fragile nature, items of non-precious metals or wood %
- (e) Porcelain, pottery, ceramics, glass, jade, and other items of a brittle or fragile nature %
- (f) Furniture %
- (g) Clocks, barometers, mobiles, and other mechanical art %
- (h) Silver %
- (i) Jewellery, watches and gold %
- (j) Any other stock (give full details)

5. BASIS OF SETTLEMENT

On what basis do you require claims in respect of your own stock to be settled?

(a) Cost price only Yes No

(b) Cost price plus an uplift Yes No

If yes, state a percentage %

(c) Other

6. POLICY LIMITS

(a) State the sum insured for:

(i) Stock including all entrustments

(ii) Trade and office equipment, furnishing, fixtures and fittings

(iii) Reference library

Do the above sums insured represent the total value of stock that will be at risk?

Yes No

If No, give details

(b) State the transit limit required

(c) State the average value of monthly:

(i) domestic transits

(ii) international transits

(d) Which trade fairs and exhibitions will you attend?

| Name of trade fair/exhibition | Limit required |
|-------------------------------|----------------|
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(e) State which transit companies you normally use

7. PREVIOUS INSURANCE

Name of previous insurers and brokers (if any)

Expiry date of previous policy

Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you or any other person to whom this insurance would apply?

Yes No

If yes, give details

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|---|
| (continue on a separate sheet if necessary) |
|---|

8. LOSSES

Have you or any other principals, partners and directors sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

Yes No

If Yes, for each incident give the approximate date, brief circumstances and amount

| Date | Circumstances | Amount |
|------|---------------|--------|
| | | |

9. OTHER INFORMATION

Have you or any principals, partners or directors ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes No

If Yes, give details

(Continue on an a separate sheet in necessary)

Are there any other factors affecting this insurance of which you are aware?

Yes No

If Yes, give details

(Continue on an a separate sheet in necessary)

10. REFERENCES

Give names and addresses of two referees from your trade

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with 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 will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below.)

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature of proposer

Date

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You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

By signing this Proposal Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Broker to attach appropriate LSW
1002 sticker

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THIS PAGE DOES NOT FORM PART OF THE INSURANCE

1. TO BE COMPLETED BY THE "RETAIL" PRODUCING BROKER OR AGENT

(a) How long have you known the proposer(s)?

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(b) Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters? Yes No

(c) Have you discussed the contents of this proposal from thoroughly with the proposer(s)? Yes No

(d) State the approximate age(s) of the proposer(s):

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Signature

Date

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Print or type company name and address:

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|----------|
| Postcode |
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2. TO BE COMPLETED BY THE "WHOLESALE" BROKER OR AGENT IF NOT THE DIRECT PRODUCER

(a) Do you recommend the producing agent/broker to underwriters as a producer of high quality business? YES NO

(b) For how long have they produced business for you?

Signature

Date

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Print or type company name and address:

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| Postcode |
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