

# FINE ART INSURANCE FOR DEALERS PROPOSAL

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 brackets.

## 1 PROPOSER

Trading name .....

Period for which the proposer 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 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 locations? Yes ( ) No ( )

If Yes, with whom and for what purpose? .....

(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 | .....   |        |

#### 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,<br>items of non-precious metals or wood     | ..... % |
| (e) Porcelain, pottery, ceramics, glass, jade and<br>other items of a brittle or fragile nature | ..... % |
| (f) Furniture   | ..... % |
| (g) Clocks, barometers, mobiles and other<br>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**

.....  
.....  
.....  
.....  
.....

(e) State which transit companies you normally use

.....  
.....



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 handing stolen goods?

Yes (  )

No (  )

If Yes, give details

.....  
.....  
.....

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

Yes (  )

No (  )

If Yes, give details

.....  
.....  
.....

10 REFERENCES

Give names and addresses of two referees from your trade

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**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).

I understand that the signing of this proposal does not bind 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

.....  
Date

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.

**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) .....
- (b) Do you personally recommend the proposer(s) as suitable for insurance by Underwriters Yes ( ) No ( )
- (c) Have you discussed the contents of this Yes ( ) No ( )
- (d) State approximate age(s) of the proposers .....

.....  
.....

Signature

Date

Print or type company name and address

.....  
.....  
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