



COLLECT & PROTECT

FINE ART, COLLECTIONS, PERSONAL JEWELLERY & FURS

PROPOSAL FORM



HOW TO FILL OUT THIS FORM

The information provided on this Form will guide Underwriters whether to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions with respect to this risk. Failing to answer or answering any question incorrectly could invalidate any policy of insurance written by Underwriters for this risk. All questions must be answered giving full details applicable to each location separately. Should a Contract of Insurance be written by Underwriters for this risk it may have more restrictive limits and coverage than requested in this Proposal Form. Any coverage granted shall be restricted to the terms, conditions, exclusions and limitations set out in the Contract.

Answer all questions in full. If an answer is not applicable in any way to your risk please always mark the relevant section; "Not Applicable" or "N/A".

If there is insufficient space to answer any question or questions fully answer on the Continuation page at the end of this Form, sign and date such supplementary sheet(s) and attach them to this Proposal Form.

Tick Yes/No boxes [example: ☒ Y ☐ N]

Date Formats are to be completed in the following format: [example: 0 1 0 1 2 0 2 2]

Before answering any questions please read carefully The Declaration which you will be required to sign at the end of this document. The text of which is copied below for your convenience:

THE DECLARATION:

I/We declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact* has been withheld or mis-stated and agree that should a Contract of Insurance be issued this Proposal Form will be attached to and form part of the Contract and will form the basis of the Contract with Underwriters. I/We agree that the answers and declarations shall constitute material warranties of any Contract issued. I/We further understand that the Underwriters may declare any Contract issued void in the event of any false statement, misrepresentation, omission or concealment in this Proposal Form whether made intentionally, innocently or accidentally.

*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.



CURRENCY	
Please indicate currency ✓	☐ CAD ☐ USD ☐ GBP ☐ EUR
	OR
	OTHER please specify
SECTION 1	
LOCATIONS OF ITEMS TO BE INSURED	
If no items are kept in any bank vaults leave this section blank	(a) Primary Address
	Title
	First Names
	Family Name
	Address (for correspondence)
	Postcode/ Zip code
	Date of birth
	Occupation of Proposer
	Nationality of Proposer
	(b) Bank
	Name of Bank
	Address
	Postcode/ Zip code

If no items are kept at any storage facility leave this section blank

If you wish to include transits (for an additional premium) please tick the appropriate box

(c) Storage Facility

Name of Storage Facility

Address

Postcode/ Zip code

(d) Transits

☐

Domestic

☐

Worldwide

SECTION 2

CORRESPONDENCE ADDRESS

Only complete this section if the correspondence address is different from the Primary address given in Section 1a

Name

Address

Postcode/ Zip code

SECTION 3

CONSTRUCTION & USE

Are the buildings (including outbuildings)

(a) Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?

Y

N

If No, give details

(b) In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?

Y

N

If No, give details

(c) A flat or an apartment?

Y

N

(If Yes, give the floor)

FLOOR

OF

(d) Used for any business or professional purposes or open to the public?

Y

N

If Yes, give details

(e) Regularly left unattended by day or night?

Y

N

If Yes, give details

SECTION 4

BUILDING & DECORATING WORK

You must contact your broker before entering into any agreement for any work to be carried out at the premises

(a) Do you intend to carry out any work on the premises insured involving outside contractors? ☐ Y ☐ N

If Yes, give details below

SECTION 5

PROTECTIONS

(a) Make of alarm

(b) Fire? ☐ Y ☐ N

Burglary? ☐ Y ☐ N

(c) Is it?

(i) bells only? ☐ Y ☐ N

(ii) connected to the police? ☐ Y ☐ N

(iii) monitoring/central? ☐ Y ☐ N

(iv) private security? ☐ Y ☐ N

(d) Does it protect all areas containing the insured items? ☐ Y ☐ N

(e) Is the alarm maintained under contract? ☐ Y ☐ N

(f) Is the burglary alarm operating on a secure line? ☐ Y ☐ N

If you have ticked No to **(d)**, **(e)** or **(f)** please give details

SECTION 6

SAFE

(a) Give the make, model and age the safe

(b) Is it?

(i) wall safe? ☐ Y ☐ N

(ii) underfloor safe? ☐ Y ☐ N

(iii) freestanding safe? ☐ Y ☐ N

If Yes, is the safe bolted down internally to a solid concrete floor? ☐ Y ☐ N

(c) Weight and dimensions

SECTION 7

OTHER SECURITY

(a) Are all final exit doors fitted with a 5 lever mortice deadlock? ☐ Y ☐ N

(b) Are all windows, fanlights and skylights fitted with key operated locks? ☐ Y ☐ N

(c) Is all property to be insured that is kept at or below ground level stored or displayed at least:

6 inches above the floor ☐ Y ☐ N

SECTION 7

[CONTINUED]

(d) Is your property protected by any other means?

☐ Y ☐ N

If Yes, give details below

SECTION 8

AMOUNTS TO BE INSURED

All items must be individually listed by the Proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

(a) Pictures, paintings, sketches, prints and the like

(b) Books

(c) Statues and sculptures of a non-fragile nature, items of non-precious metals or wood

(d) Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature

(e) Antique furniture

(f) Clocks, watches, barometers, mobiles and other mechanical art

(g) Gold, Silver and other precious metals

(h) Jewellery

(i) Furs

(j) Collectibles (please give full details including nature of your collection and value)

(k) Other items (please give full details including nature of your collection and value)

Do the amounts insured represent current market value?

☐ Y ☐ N

Has your collection ever been professionally appraised?

☐ Y ☐ N

If YES, when?

DD/MM/YYYY

If NO, how have you assessed the value?

Is a complete record of your collection maintained?

☐ Y ☐ N

If the answer is NO, state how the exact amount of loss could be quantified?

SECTION 9

PREVIOUS INSURANCE

(a) Name of previous insurers and brokers (if any)

(b) Date of expiry of previous policy

DD/MM/YYYY

(c) When is this insurance to start?

DD/MM/YYYY

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

Y

N

If Yes, give details below

SECTION 10

LOSSES

Has the Proposer, or any other person whose property is to be insured, 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?

Y

N

If Yes, please state:

(a) Approximate date of each loss or damage

DD/MM/YYYY

(b) Circumstances and amount of each loss or damage

(c) With whom the property was insured

SECTION 11

OTHER INFORMATION

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Y

N

If Yes, give details below

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

Y

N

If Yes, give details below

THE DECLARATION	
Note: This Proposal Form must be answered and the declaration signed and dated in ink by one of the persons named in Section 1 above.	I/We declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or mis-stated and agree that should a Contract of Insurance be issued this Proposal Form will be attached to and form part of the Contract and will form the basis of the Contract with Underwriters. I/We agree that the answers and declarations shall constitute material warranties of any Contract issued. I/We further understand that the Underwriters may declare any Contract issued void in the event of any false statement, misrepresentation, omission or concealment in this Proposal Form whether made intentionally, innocently or accidentally.
Signature of Proposer	
Date	DD/MM/YYYY
Print name	
Position & Title held within the business	

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 proposed insured(s) as suitable for insurance by Underwriters?

☐ Y

☐ N

(c) Have you discussed the contents of this proposal form thoroughly with the Proposer(s)?

☐ Y

☐ N

(d) State approximate age(s) of the Proposer(s)

(e) What other insurance do you handle for the Proposer? For how long have you done so?

Signature

Date

DD/MM/YYYY

Company name
and address
(including
Postcode/
Zip code)

CONTINUATION PAGE

PLEASE USE THE TEXT BOX BELOW TO CONTINUE ANY QUESTIONS NOT COMPLETED WITHIN THE BOUNDS OF PREVIOUS BOXES.
PLEASE ADVISE WHICH SECTION YOU ARE RESPONDING TO.



OIA Insurance Solutions
117 S. Cook Street
Suite 130 Barrington
IL 60010

Tel: 312-588-9112
Fax: 630-289-7726

