



COLLECT & PROTECT

FINE ART DEALERS

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: ☒ ☐]

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

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 ✓ | <input type="checkbox"/> CAD <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR |
| | OR |
| | OTHER <input type="text" value="please specify"/> |
| SECTION 1 | |
| Trading Name | <input type="text"/> |
| Period for which the Proposer has traded under the current name | <input type="text" value="YEARS"/> <input type="text" value="MONTHS"/> |
| Mailing Address | <input type="text"/> |
| Postcode/Zip code | <input type="text"/> |
| SECTION 2 | |
| Address of main location | <input type="text"/> |
| Postcode/Zip code | <input type="text"/> |
| Website | <input type="text"/> |
| Is the main location | <div><div>(a) Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?</div><div><input type="checkbox"/> Y <input type="checkbox"/> N</div></div> <div>If No, please give details below</div> <div><input type="text"/></div> <div><div>(b) Do you keep stock in the basement?</div><div><input type="checkbox"/> Y <input type="checkbox"/> N</div></div> <div><div>(c) Is all stock that is kept on the ground floor or basement at the above listed address(es) displayed or stored on rails, shelves or racking at least: (tick which best describes)</div><div><div>Less than 6 inches above the floor</div><div><input type="checkbox"/> Y <input type="checkbox"/> N</div><div>Between 6 and 12 inches above the floor</div><div><input type="checkbox"/> Y <input type="checkbox"/> N</div><div>More than 12 inches above the floor</div><div><input type="checkbox"/> Y <input type="checkbox"/> N</div></div></div> |

SECTION 2

[CONTINUED]

(d) Do you share your main location?

☐ Y ☐ N

If Yes, with whom and for what purposes?

(e) Do the other parties have access to the insured interest?

☐ Y ☐ N

(f) Do you occupy any other location for the purpose of the business?

☐ Y ☐ N

If Yes, complete the continuation sheet.

SECTION 3

PROTECTIONS

(a) Is a burglar alarm fitted?

☐ Y ☐ N

If Yes, please provide make of alarm

(i) is it connected to the police and/or central station?

☐ Y ☐ N

(ii) are movement detectors installed?

☐ Y ☐ N

(iii) are panic buttons installed?

☐ Y ☐ N

If Yes, by how many buttons?

(iv) is the alarm maintained under contract?

☐ Y ☐ N

If Yes, by whom?

(v) does it protect all areas containing the insured interest?

☐ Y ☐ N

(vi) is it operating on a secure line?

☐ Y ☐ N

method?

(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 protections:

(i) closed circuit television (CCTV)

☐ Y ☐ N

Does your system incorporate recorders?

☐ Y ☐ N

If Yes, how long are the records retained for

(ii) safe

☐ Y ☐ N

(iii) strong room/secured stock room

☐ Y ☐ N

(CONTINUED)

Y N

Y N

Y N

Y N

Y N

wet dry

Y N

Y N

STOCK

| | |
|---|---|
| (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 | % |

| | | | | |
|---|--|---------------------|--------------|-------------|
| SECTION 4 | | [CONTINUED] | | |
| | (i) Jewellery, watches and gold | <div>%</div> | | |
| | (j) Any other stock (give full details below) | <div>%</div> | | |
| | <div></div> | <div>100%</div> | | |
| SECTION 5 | | BASIS OF SETTLEMENT | | |
| On what basis do you require claims in respect of your own stock to be settled? | (a) Cost price only | <div>Y</div> | <div>N</div> | |
| | (b) Cost price plus an uplift | <div>Y</div> | <div>N</div> | |
| | If Yes, state a percentage | <div>%</div> | | |
| | (c) Other | | | |
| | <div></div> | | | |
| SECTION 6 | | LIMITS | | |
| | (a) State the Sum Insured required for: | | | |
| | (i) stock, including all entrustments for third parties | <div></div> | | |
| | (ii) trade and office equipment, furnishing, fixtures, and fittings | <div></div> | | |
| | (iii) reference library | <div></div> | | |
| | Do the above sums insured represent the total value of stock that will be at risk? | <div>Y</div> | <div>N</div> | |
| | If No, give details | <div></div> | | |
| | (b) State the transit limit required | <div></div> | | |
| | (c) State the average value of monthly: | | | |
| | (i) domestic transits | <div></div> | | |
| | (ii) international transits | <div></div> | | |
| | (d) Which trade fairs and exhibitions will you attend? | | | |
| | <div></div> | <div></div> | <div></div> | <div></div> |
| | <div></div> | <div></div> | <div></div> | <div></div> |
| | <div></div> | <div></div> | <div></div> | <div></div> |
| | Do you require transit coverage to and from trade exhibitions as specified above? | <div>Y</div> | <div>N</div> | |

| | |
|---|---|
| SECTION 6 | [CONTINUED] |
| | <div>(e) State which transit companies you normally use</div> <div></div> <div></div> <div></div> <div>(f) Property while away on entrustment to third parties (Including while away for conservation or restoration)</div> <div></div> <div>(g) If you are an Auctioneer, how many auctions do you expect to hold during the next 12 months?</div> <div>number anticipated</div> <div></div> |
| SECTION 7 | PREVIOUS INSURANCE |
| <div>Name of previous insurers and brokers (if any)</div> <div>Moving forward, from what date do you wish this insurance to commence?</div> <div>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 party to whom this insurance would apply?</div> | <div></div> <div>DD/MM/YYYY</div> <div><div>Y</div><div>N</div></div> <div>If Yes, please give details</div> <div></div> |
| SECTION 8 | LOSSES |
| | <div>Have you or any 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?</div> <div><div>Y</div><div>N</div></div> <div>If Yes, for each incident give the approximate date, brief circumstances and amount</div> <div><div>Date</div><div>DD/MM/YYYY</div><div>Amount</div><div></div><div>Circumstances</div><div></div></div> <div><div>Date</div><div>DD/MM/YYYY</div><div>Amount</div><div></div><div>Circumstances</div><div></div></div> |

| SECTION 9 | OTHER INFORMATION |
|---|---|
| | <p>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?</p> <div><div>Y</div><div>N</div></div> <p>If Yes, please give details</p> <div></div> <p>Are there any other factors affecting this insurance of which you are aware?</p> <div><div>Y</div><div>N</div></div> <p>If Yes, please give details</p> <div></div> |
| THE DECLARATION | |
| <p>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.</p> | <p>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.</p> <div></div> <div>DD/MM/YYYY</div> <div></div> <div></div> |
| Signature of Proposer | |
| Date | |
| 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)

Signature

Date
Company name
and address
(including
Postcode/
Zip code)

DD/MM/YYYY

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.



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