



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: 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

SECTION 1

THE PROPOSER

Trading Name

Period for which the Proposer has traded under the current name

YEARS MONTHS

Mailing Address

Postcode/Zip code

SECTION 2

PREMISES

Address of main location

Postcode/Zip code

Website

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?

Y N

If No, please give details below

(b) Do you keep stock in the basement?

Y N

(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)

Less than 6 inches above the floor

Y N

Between 6 and 12 inches above the floor

Y N

More than 12 inches above the floor

Y N

(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.

(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

SECTION 3

[CONTINUED]

(iv) access control

Y N

(v) buzzer entry

Y N

(vi) other (please provide full details)

[Empty text box for details]

(e) Give details of fire protections:

(i) fire extinguishers

Y N

type and number?

[Empty text box]

(ii) fire alarms

Y N

(iii) smoke detectors

Y N

(iv) sprinklers

wet dry

If Yes, please confirm if maintained under contract

Y N

(v) other fire protections.

Y N

If Yes, please provide full details

[Empty text box for details]

SECTION 4

STOCK

What are your primary areas of dealing?

[Empty text box]

Please give the approximate split of your stock values

(a) Paintings pre 1960, drawings and prints	[Empty text box]	%
(b) Paintings post 1960	[Empty text box]	%
(c) Books	[Empty text box]	%
(d) Statues and sculptures of a non-fragile nature, items of non-precious metals or wood	[Empty text box]	%
(e) Porcelain, pottery, ceramics, glass, jade, and other items of a brittle or fragile nature	[Empty text box]	%
(f) Furniture	[Empty text box]	%
(g) Clocks, barometers, mobiles, and other mechanical art	[Empty text box]	%
(h) Silver	[Empty text box]	%

SECTION 4

[CONTINUED]

(i) Jewellery, watches and gold %

(j) Any other stock (give full details below) %

100%

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 Y N

(b) Cost price plus an uplift Y N

If Yes, state a percentage %

(c) Other

SECTION 6

LIMITS

(a) State the Sum Insured required for:

(i) stock, including all entrustments for third parties

(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? Y N

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	Within USA/Canada	Outside USA/Canada (state country)	Limit Required

Do you require transit coverage to and from trade exhibitions as specified above? Y N

SECTION 6

[CONTINUED]

(e) State which transit companies you normally use

(f) Property while away on entrustment to third parties (Including while away for conservation or restoration)
(g) If you are an Auctioneer, how many auctions do you expect to hold during the next 12 months?

number anticipated

SECTION 7**PREVIOUS INSURANCE**

Name of previous insurers and brokers (if any)

Moving forward, from what date do you wish this insurance to commence?

DD/MM/YYYY

 Y
 N

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?

If Yes, please give details

SECTION 8**LOSSES**

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?

 Y
 N

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

Date DD/MM/YYYY

Amount

Circumstances

Date DD/MM/YYYY

Amount

Circumstances

SECTION 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?

Y N

If Yes, please give details

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

Y N

If Yes, please give details

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)

Signature

Date

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.



Amelia Underwriters
P.O. Box 16569
Fernandina Beach, FL 32035
Phone: (800) 940-2306
Toll: (904) 261-2306
Fax: (904) 432-1124

