



COLLECT & PROTECT

MUSEUM COLLECTIONS USA/CANADA

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: ☒ ☐ 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 ✓	<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	
Full name of Proposer	<input type="text"/>
	Name under which Proposer operates
	<input type="text"/>
	Address for correspondence
<input type="text"/>	
Zip code	
<input type="text"/>	
Full description of museum (i.e. Nature of Collection)	
<input type="text"/>	
Website	
<input type="text"/>	
SECTION 2	
Address (only if different from address above)	<input type="text"/>
Zip code	
<input type="text"/>	
If only part of the building is occupied by you, state which part, including which floors you occupy	
<input type="text"/>	
If you wish to include transits (for an additional premium) please tick the appropriate box	Domestic <input type="checkbox"/> Worldwide <input type="checkbox"/>

SECTION 3

TERRITORIAL LIMITS REQUIRED

Premises only ☐ Worldwide ☐ USA/Canada only ☐

Do you have a facilities report for the museum?

☐ Y ☐ N

If Yes, please attach with this proposal form

SECTION 4

CONSTRUCTION OF PREMISES

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

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

☐ Y ☐ N

If You Have Ticked 'No' to either **(a)** or **(b)** above, please give details:
Use continuation sheets if necessary

(c) Do you keep any of the collection in the basement? ☐ Y ☐ N

If Yes, please provide details of how the Exhibits are secured and protected against loss or damage
(ie. racking, stillage)

SECTION 5

ALARM

Is a burglar alarm fitted? ☐ Y ☐ N If Yes, please state:

(a) Make of alarm

(b) Is it?

(i) bells only? ☐ Y ☐ N (ii) connected to the police? ☐ Y ☐ N (iii) central station? ☐ Y ☐ N

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

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

If Yes, by whom

SECTION 6

Please give details of other protections in force for securing the museum

OTHER SECURITY

(a) All external doors

(b) Do you employ wardens to oversee the Collection whilst the premises are open?

 Y N

If so, how many?

(c) Do you employ an independent security company to guard the premises whilst they are unoccupied?

 Y N

(d) Are all windows, fanlights and skylights fitted with key operated locks?

 Y N

If you have ticked No to **(b)**, **(c)** or **(d)** please give details

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

 Y N

If Yes, please give details

SECTION 7

AMOUNTS TO BE INSURED

For what sum insured is the contract required in respect of:

(a) Property whilst on your premises?

Exhibits

Fixtures and Fittings (including showcases and general contents)

Promotional material and exhibition equipment

Reference libraries

Personal effects

(b) Property whilst in transit within the U.S.A and / or Canada

Exhibits

Promotional material and exhibition equipment

(c) Property whilst in transit outside the U.S.A and / or Canada

Exhibits

Promotional material and exhibition equipment

Please state which countries you expect to travel to during the year

Use continuation sheets if necessary

- (d)** Property while away on entrustment to third parties?
(Including while away for exhibition or restoration)

Exhibits

Promotional material and exhibition equipment

- (e)** How is the total given in Paragraph (a) above, in respect of Exhibits split (in percentages) between the following?

(i) pictures, paintings, sketches, prints and the like

(ii) porcelain, pottery, ceramics, glass, jade and all other items of a brittle or fragile nature

(iii) clocks, watches, barometers, mobiles, other mechanical art and the like

(iv) gold, Silver and other precious metals (including medals, jewellery and the like)

(v) books

(vi) classic cars and the like (No risk whilst under own power)

(vii) statues and sculptures of a non – fragile nature, items of non –precious metals or wood

(viii) antique furniture and the like

(ix) others (please give details in the box below)

100 %

Are all the above figures full value?

☐ Y

☐ N

If No, what percentage do they represent of the total values at risk

%

- (f)** What was the total value of insured property shipped, during the past twelve months

	Method of transit	Outside the U.S.A and / or Canada?	Outside the U.S.A and / or Canada?
(i)	By Registered Mail		
(ii)	By Airfreight		
(iii)	By Road		
(iv)	By Courier		
(v)	By other means		

Please state method in (v) above

- (g)** Do you have a professional valuation of any of the items listed in Section 7?

☐ Y

☐ N

If Yes, please provide a copy.

SECTION 8

Has the Proposer, or any other party whose property is to be insured, sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force?

LOSSES

☐ Y

☐ N

If Yes, please give details below, including approximate date, brief circumstances and for each incident

Date DD/MM/YYYY

Amount

Circumstances

Date DD/MM/YYYY

Amount

Circumstances

SECTION 9

OTHER INFORMATION

(a) Have you or any principal in the business or any company in which you have an interest ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind, e.g. arson, fraud, theft or handling stolen goods?

☐ Y

☐ N

If Yes, please give details

(b) How long have you been established at these premises?

YEARS

Are there any other factors affecting this insurance of which you or any principal in the business or any company in which you have an interest are aware?

☐ Y

☐ N

If Yes, please give details

(c) Have you or any principal in the business or any company in which you have an interest ever been declared bankrupt, been the subject of bankruptcy proceedings or made any arrangement with creditors?

☐ Y

☐ N

If Yes, please give details

SECTION 10	<div>PREVIOUS INSURANCE</div> <div><div>(a) Name of previous insurers and brokers (if any)</div><div></div><div>(b) Date of expiry of previous policy</div><div>DD/MM/YYYY</div><div>(c) 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>Y</div><div>N</div> If Yes, please give details below</div><div></div></div>
SECTION 11	<div>PERIOD OF INSURANCE</div> <div><div>From what date do you wish the insurance to start?</div><div>DD/MM/YYYY</div></div>
<div>THE DECLARATION</div> <div><div><div>Note:</div><div>This Proposal Form must be answered and the declaration signed and dated in ink by one of the persons named in Section 1 above.</div></div><div><div>Signature of Proposer(s)</div><div></div><div>Date</div><div>DD/MM/YYYY</div><div>Print name</div><div></div><div>Position & Title held within the business</div><div></div></div></div> <div><div>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.</div></div>	

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?

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

(d) 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.



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