



**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 ✓

CAD  USD  GBP  EUR

**OR**

OTHER

## SECTION 1

### PROPOSER

Full name of Proposer

Name under which Proposer operates

Address for correspondence

Zip code

Full description of museum (i.e. Nature of Collection)

Website

## SECTION 2

### LOCATION OF ITEMS TO BE INSURED

Address (only if different from address above)

Zip code

If only part of the building is occupied by you, state which part, including which floors you occupy

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

Domestic  Worldwide

**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

## OTHER SECURITY

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

**(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	<input type="text"/>
Promotional material and exhibition equipment	<input type="text"/>

**(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	<input type="text"/>	%
(ii) porcelain, pottery, ceramics, glass, jade and all other items of a brittle or fragile nature	<input type="text"/>	%
(iii) clocks, watches, barometers, mobiles, other mechanical art and the like	<input type="text"/>	%
(iv) gold, Silver and other precious metals (including medals, jewellery and the like)	<input type="text"/>	%
(v) books	<input type="text"/>	%
(vi) classic cars and the like (No risk whilst under own power)	<input type="text"/>	%
(vii) statues and sculptures of a non – fragile nature, items of non –precious metals or wood	<input type="text"/>	%
(viii) antique furniture and the like	<input type="text"/>	%
(ix) others (please give details in the box below)	<input type="text"/>	%
<input type="text"/>		<b>100</b> %

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	<input type="text"/>	<input type="text"/>
(ii)	By Airfreight	<input type="text"/>	<input type="text"/>
(iii)	By Road	<input type="text"/>	<input type="text"/>
(iv)	By Courier	<input type="text"/>	<input type="text"/>
(v)	By other means	<input type="text"/>	<input type="text"/>

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

## LOSSES

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?

Y  N

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

Date

Amount

Circumstances

Date

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****PREVIOUS INSURANCE****(a)** Name of previous insurers and brokers (if any)**(b)** Date of expiry of previous policy

DD/MM/YYYY

**(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? Y  N

If Yes, please give details below

**SECTION 11****PERIOD OF INSURANCE**

From what date do you wish the insurance to start?

DD/MM/YYYY

**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(s)

Date

DD/MM/YYYY

Print name

Position &amp; 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)** What other insurance do you handle for the Proposer? For how long have you done so?

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.



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