

# Collect and Protect Insurance Proposal Form

Before any question is answered and you sign the Declaration, please read this form carefully.

Please answer **ALL** questions fully and accurately and supply additional information as required.

Tick Yes/No boxes.

## 1. About You, the Proposer

Title and First names			
Surname			
Correspondence address			
Occupation		Date of Birth	
Email Address			
Contact Telephone Number(s)			
Please advise your preferred method of contact.  If you do not tick a box, all communications relating to this insurance shall be sent by Email.	Letter Telephone Email		

Have You or any family member, resident with you:	Yes	No
a. had a Collection or Contents Insurance Policy cancelled by insurers?		
b. had special terms or conditions imposed by an insurer for Your Collection or Contents insurance?		
c. any prosecutions pending or unspent convictions for criminal offences?		
d. been declared bankrupt or insolvent in a personal or business capacity or have judgements pending that could result in Your bankruptcy or insolvency?		
e. Are there any other factors affecting this insurance of which You are aware?		
If Yes to any of the above please give full details:		

## 2. Does any other person own the collection or have an insurable interest in the collection?

Title and First names			
Surname			
Address			
Relationship		Date of Birth	

### 3. About where You need the collection to be insured

Please provide the address of the main location where Your Collection is to be insured (if different to your correspondence address). If you have more than one location where you keep your collection, please provide details of the additional locations on a separate sheet.

Location	
----------	--

Is this a Private residence / Bank Vault / Safety Deposit / Office / Other

If Other, please give details:
--------------------------------

### 4. About the collection you wish to insure:

The basis of valuation under this policy is **Fair Market Value**. If this does not suit Your requirements, please contact us. **We would strongly recommend that You maintain a full inventory of Your Collection.**

Below, please specify the currency required, split of the Collection by value and by Territorial Limits required:

1. Premises plus outside extension of 25% of your Sum Insured (or currency equivalent)  
(If 25% of your Sum Insured is not sufficient, please contact us)
2. Premises only
3. Bank Vault only
4. Safety Deposit

Type of Collection	Currency Required	Split by Value	Territorial Limits (insert 1,2,3 or 4)
Stamps			
Coins/bank notes			
Medals			
Trading Cards (Pokemon/Magic the Gathering etc) and Postcards			
Comics/Books			
Gold, silver and other precious metals			
Pictures, paintings, sketches, prints and the like			
Statues and sculptures of a non-fragile nature, items of non-precious metals or woods			
Porcelain, pottery, ceramics, glass, jade and other items of brittle a nature			
Antique furniture			
Clocks, barometers and other mechanical art			
Other items (give details)			
Total Sum Insured			

Please list any item worth in excess of GBP5,000. Attach separate sheet if preferred.

Item Description	Value

## 5. Security

Please provide the following information for each premises you wish to be insured (other than for bank vaults and safety deposits). Is the premises you wish to insure your collection at:

a	Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b	In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c	Used for any business or professional purposes or open to the Public?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d	Solely occupied by You and/or Your family?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e	A flat or an apartment? if Yes, on which floor is it situated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f	Going to be Unoccupied for periods in excess of 60 consecutive days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
g	Are the final exit/entry doors fitted with key operated locks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
h	Are all windows, fanlights and skylights fitted with key operated or screw locks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i	Do you have at least one smoke detector fitted at Your premises?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
j	Is there a fire alarm installed in Your premises? If Yes, does the system ring through to Your local fire station	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
k	Is Your property protected by CCTV?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
l	Is Your property protected by security lighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
m	Is your home alarm protected?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
n	What is the make of your alarm?		
o	What type of signalling does your alarm have? Bells/siren only? Connected to a Central Monitoring Station? Connected to the Police?	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
p	Does the alarm protect all areas containing the insured items?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
q	Is the alarm maintained under an annual maintenance contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
r	Do you have a safe?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
s	What is the make and model of the safe:		

t	What type of safe is this? Wall safe? Freestanding safe? Under floor safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
u	If your collection is made up of any of the following items, please specify the value that is kept in a safe when not being worked on (this will be in the currency that the policy is underwritten in).	
	Stamps	
	Medals	
	Gold, silver and other Precious metals (excluding Jewellery)	
	Coins/bank notes	

## 6. History of Your insurance

Name of previous insurers (if any) and date of expiry of the policy?

--

## 7. Previous claims

Have You or any other person 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, whether or not a claim was paid?

☐ Yes      ☐ No

If Yes, please state:
a. Approximate date of each loss or damage
b. Amount of each loss or damage paid
c. Details of each loss or damage
d. What additional precautions have been undertaken to prevent a recurrence if such damage was caused by theft?
e. Who were the insurers?

## Inception date

When do You want this insurance to start?

--

## Dealing with nominated persons of Your choice

Data Protection exists for Your protection. This means that we can only talk to You, as the policyholder. Should You wish to authorise anyone else to discuss Your Policy on Your behalf please confirm their name/address and their relationship to You below. Nominated persons authorisation will remain in force unless You rescind Your instruction in writing.

Title and First names			
Surname			
Address			
Relationship		Date of Birth	

## Declaration

**You must read this before signing below.**

You should check that the coverage you are seeking is not provided under insurance that you already have.

### **The Consumer (Insurance Disclosure and Representations) Act 2012**

You must take reasonable care not to make a misrepresentation to Insurers. All answers to questions and information supplied by You when arranging this insurance must be honest and accurate. You should continue to tell Insurers via H. W. Wood Limited, in their capacity as Your broker, if any information supplied to them on which the insurance was agreed or if any of the answers to the questions You answered when purchasing this policy change during the contract period. If You do not do this, Insurers may be able to impose different terms on your cover, may charge You a higher premium or, in some circumstances, may avoid the contract You enter into with them and any claims under it would not be paid.

I understand that the signing of this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this Proposal Form and the statements made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

Signature of Proposer \_\_\_\_\_ Date \_\_\_\_\_

You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of Your completed proposal form will be available (on request) provided the insurance is effected. You must inform us of any change to the information provided in this form during the Period of Insurance. If You are in any doubt You should consult Your broker.

## Additional Information



## Fraud policy



All instances of fraud are taken extremely seriously and if discovered are reported to the police and relevant authorities.

If You knowingly defraud or deceive an insurance company, file a claim containing any false, incomplete or misleading information You may be guilty of a crime. It is to Your benefit that the insurance industry aims to minimise the volume of fraudulent claims by ensuring that certain checks are carried out as part of their claims process.

For transparency, we have detailed the types of checks that may be made below:

- Crime Reference Numbers and lost property details may be verified with the Police.
- Checks on provenance and ownership including, but not limited to proofs of purchase, may be made.
- Claims handlers may carry out detailed over the phone investigations into the circumstances of each claim and You may be asked to complete a form detailing those circumstances.
- A Loss Adjuster may visit You to ascertain the exact nature of loss or claim and to discuss the circumstances surrounding the loss or claim.
- Your Insurers (or ourselves when we are acting agent for the Insurer) may liaise with third parties to verify values claimed.
- Your Insurers (or ourselves when we are acting as agent for the Insurer) may communicate with other insurers and industry groupings to share information and best practice.
- Your Insurers (or ourselves when we are acting as agent for the Insurer) may use online tools/databases to view previous claims history and/or usage.