



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 | |
| First names | |
| Surname | |
| Date of birth | |
| Correspondence address | |
| Occupation | |
| Email Address | |
| Contact Telephone Number(s) | |
| Preferred method of contact | Letter/Telephone/Email (please delete as appropriate) |

| 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 non-motoring convictions or police cautions that are not spent under the Rehabilitation of Offenders Act or Rehabilitation of offenders (Northern Ireland) Order 1978 | | |
| d. any prosecutions pending for non motoring criminal offences? | | |
| e. been declared bankrupt or insolvent in a personal or business capacity or have judgements pending that could result in Your bankruptcy or insolvency? | | |
| f. 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. Society Membership

Are You a member of any related society e.g. Royal Philatelic Society, CNS, American Philatelic Society, LAPADA etc? Yes No

| | |
|-----------------|--|
| Name of Society | |
|-----------------|--|

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

| | |
|--------------|--|
| Name | |
| Address | |
| Relationship | |

4. About where You need the collection to be insured

- a. Please provide the address of the main location where Your Collection is to be insured (if different to Your correspondence address).

| | |
|-------------------------------|-----|
| Main Location | |
| Value of Collection kept here | GBP |

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

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

- b. If you have more than one location where you need the collection to be insured, please provide the address details below. Please use additional paper if necessary.

| | |
|-------------------------------|-----|
| Additional Location | |
| Value of Collection kept here | GBP |

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

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

5. About the collection you wish to insure:

Below, please specify the split of the Collection by value.

| Type of Collection | Split by Value |
|---|----------------|
| Stamps | GBP |
| Coins/bank notes | GBP |
| Medals | GBP |
| Comics | GBP |
| Gold, silver and other precious metals | GBP |
| Pictures, paintings, sketches, prints and the like | GBP |
| Books | GBP |
| Statues and sculptures of a non-fragile nature, items of non-precious metals or woods | GBP |
| Porcelain, pottery, ceramics, glass, jade and other items of brittle a nature | GBP |
| Antique furniture | GBP |
| Clocks, barometers and other mechanical art | GBP |
| Other items (give details) | GBP |
| Total Sum Insured | GBP |

- a. If you need more than 25% of Your Sum Insured to be covered away from the named premises, please advise limit required either in % terms or maximum value required:

| | |
|---|-----|
| % | GBP |
|---|-----|

- b. Do you need temporary coverage outside of the United Kingdom? Yes No

| |
|---|
| If Yes, do you need Europe or Worldwide cover (please delete as applicable) |
|---|

- c. Do You maintain a full inventory for the Collection You wish to insure? Yes No

| |
|---|
| If No, how would you quantify a loss? (e.g. photographic records) |
|---|

- d. The basis of valuation under this policy is fair Market Value. If this does not suit your requirements, please indicate in the box below what basis of valuation you require, e.g. Cost or Agreed Value? (Please note a full listing with valuation would have to be provided for Insurers to provide insurance on an Agreed Value basis).

| |
|--|
| |
|--|

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

| Item Description | Value |
|------------------|-------|
|------------------|-------|

6. 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 | Not 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 |

If You have answered No to questions a, b, c or d or Yes to question f please give full details:

7. Alarm

a. If your home is alarm protected provide make of alarm:

- b. Is it
- | | | |
|---|------------------------------|-----------------------------|
| (i) Bells only? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Connected to the Police? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Connected to a Central Alarm Station? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- c. Does it protect all areas containing the insured items? Yes No
- d. Is the alarm maintained under an annual maintenance contract? Yes No

8. Safes

a. If you have a safe provide make and model of the safe:

| |
|--|
| |
|--|

- b Is it a
- (i) Wall safe? Yes No
 - (ii) Freestanding safe? Yes No
 - (iii) Under floor safe? Yes No

c 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:

| | |
|--|-----|
| Stamps | GBP |
| Medals | GBP |
| Gold, silver and other Precious metals (excluding Jewellery) | GBP |
| Coins/bank notes | GBP |
| Other | GBP |

9. Fire detection

- a. Do you have at least one smoke detector fitted at Your premises? Yes No
- b. Is there a fire alarm installed in Your premises? Yes No
- If Yes, does the system ring through to Your local fire station? Yes No

10. Other security

- a. Are the final exit/entry doors fitted with 5 lever mortice deadlock(s) or locks complying with or of superior quality than British Standard 3621 or if aluminium or UPVC doors, are they fitted with the manufacturer's key operated multi point locking system? Yes No
- b. Are all windows, fanlights and skylights fitted with key operated or screw locks? Yes No

| |
|----------------------------|
| If No, please give details |
|----------------------------|

- c. Is Your property protected by any other means e.g. CCTV, security lighting? Yes No

| |
|------------------------------|
| If Yes, please give details: |
|------------------------------|

11. History of Your insurance

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

| |
|--|
| |
|--|

12. 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? |

13. Inception date

When do You want this insurance to start?

| |
|--|
| |
|--|

Dealing with nominated persons of Your choice

The Data Protection Act 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.

| | |
|--------------|--|
| Name | |
| Address | |
| Relationship | |

Declaration

You must read this before signing below.

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.





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.