Fine Art Dealer Insurance Proposal

Duty of Disclosure

Before you enter into a contract of general or life insurance with an Underwriter you have a duty, under the Insurance Contracts Act. 1984, to disclose to the Underwriter every matter that you know, or could reasonably be expected to know, is relevant to the Underwriter's decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose these matters to the Underwriter before you renew, extend vary or reinstate this contract of general insurance. Your duty, however does not require disclosure of any matter:

- that diminishes the Underwriter's risk
- that is of common knowledge
- that the Underwriter knows, or in the ordinary course of business, should know
- as to which compliance with your duty of disclosure is waived by the Underwriter.

Non-Disclosure

If you fail to comply with your duty of disclosure the Underwriter may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of avoiding the contract from its beginning.

Subrogation

Personal Details

If you have entered into an agreement with another party which prevents the Insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy.

Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise this office in writing.

Insured name Period for which the proposer has traded under the current vears name Contact name Address of main location City County Postcode Phone No) Email Website www. **Premises** Is the main location? 1.1 built of brick, stone or concrete ☐ Yes ☐ No 1.2 roofed with slate, file, asphalt, metal or concrete? ☐ Yes □ No 1.3 is in good condition/repair ☐ Yes ☐ No If you have answered "no" to any of the above, please provide full details 1.4 do you keep stock in the basement? ☐ Yes ☐ No

	1.5	do you share your main location?				☐ Yes ☐ No
	If you	have answered "yes" to the a	bove, please provi	de full	details of whom and	what purposes.
	1.6	do you occupy any other lo	cation for the purp	ose of	the business?	□ Yes □ No
	If "yes	', please complete the "Additi	onal Location She	et" atta	ached for each addition	onal location.
Pro	tectio	ons				
2	2.1	is a burglar alarm fitted?				☐ Yes ☐ No
	2.2	is the alarm connected to a	police and/or cent	ral sta	tion?	☐ Yes ☐ No
	2.3	state types of locks on all e	xternal doors, e.g.	five le	ver mortice deadlock,	etc
	2.4	state types of locks on all a	ccessible windows	and s	kylights, e.g. screw o	r key operated, etc
	2.5	please advise whether the	following are prese	nt	// >	
□ Fii	e Exting	uishers □ Fire Alarms □ S	Smoke Detectors	□ Otl	ners (please specify)	
	2.6	are the fire alarms/smoke d station/monitored alarm?	letectors connected	d to a	central	☐ Yes ☐ No
Sto	ck					
3	Please	e provide an approximate spli	t of your stock valu	es:-		
	3.1	Painting pre 1960, drawings and prints	%	3.2	Paintings post 1960	%
	3.3	Books	%	3.4	Non fragile statues / sculptures	%
	3.5	Fragiles, e.g. porcelain, ceramics, glass, etc	%	3.6	Furniture	%
	3.7	Silver	%	3.8	Jewellery	%
	3.9	Any other stock (please pro	vide full details)			

Basis of Valuation

4	On w	On what basis do you require claims in respect of your own stock settled?					
		Cost price	e Plus	%	(i.e. cost price p	olus 30%)	
	☐ Selling price Less % (i.e.			(i.e. selling price	(i.e. selling price less 20%)		
Pol	icy L	imits.					
5	5.1		state the sun	n insured inclu	iding the Basis of	Valuation for:	
	.	5.1.1		ding all consign	_	CAD	
			·		intent Stock	CAD	
		5.1.2	Reference li	-	d fittings		
		5.1.3		ure, fixtures an	-	CAD	
		5.1.4	Computer / I	Laptops / Porta	able equipment	CAD	
	5.2	Do the be at ri		insured repres	ent the total value	of stock that will	☐ Yes ☐ No
		If "no",	please provid	le full details			
	5.3	Please	state the tran	nsit limit require	ed	CAD	
	5.4	Please	state the tota	ıl annual transi	t turnover for the I	ast 12 months:	
		5.4.1	Domestic tra	ansits		CAD	
						0.15	
		5.4.1	International	transits		CAD	
	5.5 Please state the limit required at unnamed locations			named locations	CAD		
	5.6	Please	state which tra	ansit company	(ies) you normally	use?	
	5.7			t required for c v" interior and e		CAD	
	5.8	Which	trade fairs/exl	hibitions will vo	ou be attending in	the next 12 months	
			de fair/exhibi		Date		it Required
						CAD	
						CAD	
						CAD	
						CAD	

Public & Products Liability

			•	=		
6	6.1	Please indica	ate limit of inder	mnity required	□ \$1,000,000	□ \$2,000,000
	6.2	Please advis	e the following:	-		
					This year	Next year
		6.2.1 num busii	ber of persons oness	engaged in the		
		6.2.2 gros	s salaries/wage	s	CAD	CAD
		6.2.3 gros	s turnover		CAD	CAD
		6.2.4 value	e of sub-contrac	cts let	CAD	CAD
			oour hire used, t unt paid to the h	he estimate annual nire firms	CAD	CAD
	6.3	If labour hire	used, provide o	details of work undertake	n	
	6.4	Do you wish	to cover sub-co	ontractors/labour staff for	liability?	☐ Yes ☐ No
	6.5	Have you or any other principals, partners and/or directors sustained any liability losses during the last 6 years which would have been covered by this type of insurance had it been in force?			ıld have been	☐ Yes ☐ No
		If "yes", please provide full details for each incident and give the approx circumstances and amount				nate date, brief
		Cir	cumstances		Date	Amount
						CAD
						CAD
Pre	evious	s insuran	ce			
7	7.1	Name of curr (if any)	rent insurer		7	
	7.2	Name of cur	ront broker			
		(if any)	rent broker			
	7.3					
	7.3 7.4	(if any) Expiry date of policy Has any insulagreed to co	of current urer declined to ntinue on specia	accept/cancelled/refused al terms any insurance fo nce would apply?		☐ Yes ☐ No
		(if any) Expiry date of policy Has any insulagreed to coperson to when	of current urer declined to ntinue on specia	al terms any insurance fonce would apply?		☐ Yes ☐ No
		(if any) Expiry date of policy Has any insulagreed to coperson to when	of current urer declined to ntinue on specia	al terms any insurance fonce would apply?		☐ Yes ☐ No
		(if any) Expiry date of policy Has any insulagreed to coperson to what if "yes", please Have you or any loss or desired.	of current urer declined to ntinue on specia nom this insuran se provide full declared any other principles	al terms any insurance fonce would apply?	ectors sustained	☐ Yes ☐ No

If "yes", please provide full details for each incident and give the approximate date, brief circumstances and

amount

Circumstances	Date	Amount
		CAD
		CAD

Other Information

8	8.1	Have you or any other principal, partners and/or directors ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?	□ Yes □ No
If "yes",	, please	provide full details	
	8.2	Are there any other factors affecting this insurance of which you are aware?	☐ Yes ☐ No
If "yes",	, please	provide full details	

Declaration and Signature

You must tell us anything that you know, or should know, could affect our insurer's decision to insure you and/or the terms on which they insure you. You must do this when you apply, renew your policy, or when you change or re-instate your policy. When we ask specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984.

I hereby acknowledge that I have complied with the duty of disclosure which is stated above. I confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.

Signature:	Date:	

Your Premium Calculation -

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your insurance.

Additional Location

Premises

1	1.1	Address of additional location			
	4.0		Suburb	State	Postcode
	1.2	Is this additional location:-			
		1.2.1 built of brick, stone or cond	rete		☐ Yes ☐ No
		1.2.2 roofed with slate, file, asph	alt, metal or concrete?		☐ Yes ☐ No
		1.2.3 is in good condition/repair			☐ Yes ☐ No
		If you have answered "no" to any o	f the above, please provi	de details	
	1.3	do you keep stock in the basement	?		☐ Yes ☐ No
	1.4	do you share this additional locatio	n?		☐ Yes ☐ No
		If you have answered "yes" to the a purposes.	above, please provide de	tails of whor	n and what
Pro	tectio	ons			
2	2.1	is a burglar alarm fitted?			□ Yes □ No
	2.2	is the alarm connected to a police a	and/or central station?		☐ Yes ☐ No
	2.3	state types of locks on all external	doors, e.g. five lever mor	tice deadloo	ck, etc
	2.4	state types of locks on all accessib	le windows and skylights	, e.g. screw	or key operated, etc
	2.5	please advise whether the following	g are present		
□ Fire	e Exting	uishers □ Fire Alarms □ Smoke I	Detectors D Others (ple	ease specify)
	2.6	are the fire alarms/smoke detectors station/monitored alarm?	s connected to a central		☐ Yes ☐ No

Policy Limits

POI	icy L	imits		
3	Please	or:		
	3.1	Stock, including all consignment stock	CAD	
	3.2	Trade furniture, fixtures and fittings	CAD	
	3.3	Reference library	CAD	
	3.4	Do the above sums insured represent be at risk at this location?	nt the total value of stock that will	☐ Yes ☐ No
		If "no", please provide full details		
	3.5	Please state the limit required for co- interior and exterior glass	st of "replacement as new"	CAD