



# FINE ART COLLECTORS AND JEWELLERY PROPOSAL FORM

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in all. Tick Yes/No brackets.

1. PROPOSER

Title	Surname	First names
.....	.....	.....

Mailing Address

.....

.....

.....

Occupation of proposer

.....

2. LOCATION OF ITEMS TO BE INSURED

Address (if difference to the address above)

.....

.....

.....

.....

If you wish to include transits (for additional premium) tick the appropriate bracket

Domestic (    )

Worldwide (    )

4. PREMISES CONSTRUCTION AND USE

(a) Age .....

(b) Construction .....

(c) Private Residence                      Yes (.....)                      No (    )

(d) Business Premises                      Yes (.....)                      No (    )



5. ALARM

- (a) Give the make of the alarm .....
- (b) Is it
  - (i) Central Station Yes ( ) No ( )
  - (ii) Local Yes ( ) No ( )
- (c) Is the alarm under a maintenance contract? Yes ( ) No ( )

6. SAFE

- (a) Give the make, model and age of the safe .....
- (b) Is it a
  - (i) wall safe Yes ( ) No ( )
  - (ii) freestanding safe Yes ( ) No ( )
  - (iii) underfloor safe Yes ( ) No ( )
- (c) Weight and dimensions .....

7. AMOUNTS TO BE INSURED

All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

- (a) Paintings, pictures, sketches, prints and the like .....
- (b) Statutes and sculptures of a non-fragile nature .....
- (c) Porcelain, pottery, ceramics, glass, jade and other items of a fragile nature .....
- (d) Antique furniture .....
- (e) Clocks, watches, barometers, mobiles and other mechanical art .....
- (f) Books .....
- (g) Gold, silver and other precious metals .....
- (h) Jewellery .....
- (j) Other items (give details) .....



8. TERRITORIAL LIMITS REQUIRED FOR JEWELLERY

Premises only ( ) Bank Vault / Safety Deposit Box only ( )

USA/Canada only ( )

Worldwide ( )

9. PREVIOUS INSURANCE

(a) Name of previous insurers and brokers (if any) .....

(b) Date of expiry of previous policy .....

(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 person to whom this insurance would apply? Yes ( ) No ( )

If Yes, give details .....  
.....

11. LOSSES

Has the proposer, or any other person whose property is to be insured, sustained any loss or damage during the last 5 years which would have been covered by this type of insurance had it been in force? Yes ( ) No ( )

If Yes, state:  
(a) Date of loss(es) .....

(b) Type of loss .....

12. OTHER INFORMATION

Have you or any person resident with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods? Yes ( ) No ( )

If Yes, give details .....



**DECLARATION**

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle Underwriters to avoid this insurance.

(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).

.....  
.....  
.....

.....  
Signature of proposer

.....  
Date



**THIS PAGE DOES NOT FORM PART OF THE INSURANCE**

**A. TO BE COMPLETED BY THE 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? Yes ( ) No ( )
- (c) Have you discussed the contents of this proposal form thoroughly with the proposer(s)? Yes ( ) No ( )
- (d) State approximate age(s) of the proposer(s) .....
- (e) What other insurance do you handle for the proposer? For how long have you done so? .....

.....  
Signature

.....  
Date

Print or type company name and address

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