



FINE ART DEALERS
PROP 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 full. Tick Yes/No boxes.

Section 1

Trading Name

Period for which the Proposer has traded under the current name

Proposer

Years

Section 2

Address of main location

Postcode/Zip Code

Is the main location:

(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?

YES

NO

If No, please give details below

(b) Do you keep stock in the basement?

(c) Do you share your main locations?

If Yes, with whom and for what purposes?

(d) Do you occupy any other location for the purpose of the business?

If Yes, complete an additional location sheet for each

Section 3

(a) Is a burglar alarm fitted?

If Yes, please provide

Make of alarm

(i) is it connected to the police
and/or central station?

(ii) are movement detectors installed?

(iii) are panic buttons installed?

(iv) is the alarm maintained under
contract?

(v) does it protect all areas containing
the insured interest?

(b) State types of locks on all external doors:
(e.g. five lever mortice deadlock, etc)

(c) State types of locks on all windows and
skylights: (e.g. screw or key operated)

(d) Give details of all other security protections:

(i) closed circuit television

(ii) safe

(iii) strong room/secured stock room

(iv) access control

(v) buzzer entry

(vi) other

(e) Give details of fire protections

(i) fire extinguishers

(ii) fire alarms

(iii) smoke detectors

(iv) other fire protections.

If Yes, please provide full details

Protections

YES NO

YES NO

If Yes, by whom

YES NO

Does your system incorporate recorders?

YES NO

If Yes, how long are the records retained for

YES NO

Section 4

Please give the approximate split of your stock values

Stock

- | | | |
|---|----------------------|---|
| (a) Paintings pre 1960, drawings and prints | <input type="text"/> | % |
| (b) Paintings post 1960 | <input type="text"/> | % |
| (c) Books | <input type="text"/> | % |
| (d) Statues and sculptures of a non-fragile nature, items of non-precious metals or wood | <input type="text"/> | % |
| (e) Porcelain, pottery, ceramics, glass, jade, and other items of a brittle or fragile nature | <input type="text"/> | % |
| (f) Furniture | <input type="text"/> | % |
| (g) Clocks, barometers, mobiles, and other mechanical art | <input type="text"/> | % |
| (h) Silver | <input type="text"/> | % |
| (i) Jewellery, watches and gold | <input type="text"/> | % |
| (j) Any other stock (give full details below) | <input type="text"/> | % |

%

Section 5

On what basis do you require claims in respect of your own stock to be settled?

Basis of Settlement

- | | YES | NO |
|-------------------------------|---|--------------------------|
| (a) Cost price only | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Cost price plus an uplift | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, state a percentage | <input type="text"/> | % |
| (c) Other | <div style="border: 1px solid black; height: 50px; width: 100%;"></div> | |

Section 6

- (a) State the Sum Insured for:
- (i) Stock, including all entrustments for third parties
 - (ii) Trade and office equipment, furnishing, fixtures, and fittings
 - (iii) Reference library

Do the above sums insured represent the total value of stock that will be at risk?

If No, give details

- (b) State the transit limit required
- (c) State the average value of monthly:
- (i) domestic transits
 - (ii) international transits
- (d) Which trade fairs and exhibitions will you attend?

- (e) State which transit companies you normally use

Section 7

Name of previous insurers and brokers
(if any)

Expiry date of previous policy

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?

Policy Limits

YES NO

Name of Trade Fair/Exhibition	Limit Required
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Previous Insurance

YES NO If Yes, please give details below

Section 8

If Yes, for each incident give the approximate date, brief circumstances and amount

Date	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Section 9

If Yes, please give details

If Yes, please give details

Losses

Have you or any principals, partners and directors sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

YES NO

Circumstances

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Other Information

Have you or any principals, partners or directors ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

YES NO

<input type="text"/>

Are there any other factors affecting this insurance of which you are aware?

YES NO

NO

Section 10

Give names and addresses of two referees from your trade

References

Section 12

The Declaration

You must read this before signing below.

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.)

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

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 will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.

Section A

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 Proposer(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)

Signature

Date

Company name and address
(including Postcode/Zip Code)

Section B

To be completed by the “wholesale” broker or agent if not the direct producer

- (a) Do you recommend the producing agent/broker to underwriters as a producer of high quality business?
- (b) For how long have they produced business to you?

YES NO

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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