

# Fine Art Personal Collections Proposal Form

Please read the declaration on page 5 before filling in this proposal form.

The following questions are to enable Insurers to assess the risk. All relevant facts must be disclosed. Failure to do so may result in the policy being inoperative. Relevant facts are those which would be likely to influence an insurers' consideration of the proposal. If you are in any doubt as to whether a fact is relevant it should be disclosed. You should keep a record (including copies of letters) of all information supplied to the Insurer in connection with this insurance. A copy of this proposal form is available on request within three months of completion. A specimen policy is also available.

(Please answer all questions, in CAPITAL LETTERS)

1. Name of Proposer

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2. Main Address

Post Code	Tel. No.
E-mail address	Website

3. Other Locations (if applicable)

Post Code	Tel. No.
E-mail address	Website

4. Address for correspondence (if different from the above)

Post Code	Tel. No.
E-mail address	Website

**SECTION A - PREMISES**

- 1 Is / Are your building(s) containing the stock in a state of good repair, and constructed of either brick, stone, concrete or metal? Yes ..... No .....  
 If not, please give details .....
- 2 Do you keep insured property below ground level? Yes ..... No .....  
 If yes, please supply details .....  
 Are any items exhibited outside? Yes ..... No .....  
 If yes, please supply details  
 .....
- 3 Please supply the date of last survey at each location. ....  
 Are surveys available for inspection? Yes ..... No .....  
 Were there any recommendations and were they complied with?  
 If yes, please give details. Yes ..... No .....  
 .....
- 4 Is any renovation and / or decoration work current or planned for during the currency of the policy? If yes, please give details.  
Yes ..... No .....  
 .....  
 .....
- 5 Are any of the buildings containing your premises shared with either other businesses or used for residential purposes?  
Yes ..... No .....  
 .....
- 6 What buildings (if any) immediately adjoin or stand in proximity to your locations to be insured?  
 .....

**SECTION B - SECURITY**

Please supply details of security at each insured location.

- |   |           |          |
|---|-----------|----------|
| Are intruder alarms fitted?   | Yes ..... | No ..... |
| Are they connected to a police &/or central station?                              | Yes ..... | No ..... |
| Are panic buttons installed?  | Yes ..... | No ..... |
| Are movement detectors installed?   | Yes ..... | No ..... |
| Is CCTV installed at the premises?  | Yes ..... | No ..... |
| Are the premises manned outside opening hours?                                    | Yes ..... | No ..... |
| Is a sprinkler system fitted?   | Yes ..... | No ..... |
| Is the property, because of its position, vulnerable to damage by storm or flood? | Yes ..... | No ..... |
| Other details of security .....   |           |          |
| .....   |           |          |

**SECTION C – PROPERTY AND LIMITS**

- 1 Do you maintain and regularly update a fully valued inventory? Yes ..... No .....
- If not, please give details of current records maintained.  
 .....
- Do you maintain complete schedules detailing owned items, items on short-term loan and items on long-term loan?  
 .....
- When were valuations last updated, and by whom?  
 .....
- 2 (a) Please state the total values at risk: GBP
- |                          |     |
|--------------------------|-----|
| Required sum insured     | GBP |
| Maximum at main location | GBP |
| At each other location   | GBP |
|                          | GBP |
- What is the highest individual valued item to be insured? .....
- Are any items known to be "From the School of.." or "Attributed to" {artist}? Yes ..... No .....
- If yes, please supply details. ....  
 .....
- (b) Do you require cover for office equipment, fixtures, furniture and fittings, and / or reference library? Yes ..... No .....
- If yes, please state sums insured at each location.
- |                 |     |
|-----------------|-----|
| Main location   | GBP |
| Other locations | GBP |
|                 | GBP |
- (c) Please state the maximum value that will be carried for a transit GBP
- (d) Please list the exhibitions, locations, transits and sums insured to be insured scheduled during currency of the policy.

**SECTION D – INSURANCE HISTORY**

1 Name of previous Insurers and Brokers

2 Date of expiry of previous policy

3 Premium paid at last renewal

GBP

4 Has any Insurer cancelled, refused to continue or agreed to continue only on special terms, any insurance for the Proposer or any other person to whom the insurance would apply?

Yes

No

If 'Yes' please state the reasons:-

5 Please provide the date, circumstances and amount of any loss or damage, that has arisen during the past 5 years.

**DECLARATION**

I/We declare that to the best of my/our knowledge and belief:-

- 1) The sums represent the full values.
- 2) The premises are and will be kept in a good state of repair.
- 3) Neither I nor any person whose property is to be insured hereunder have been:-
  - a) convicted of arson or any offence involving dishonesty of any kind (e.g. fraud, robbery, theft or handling stolen goods).
  - b) ever been declared bankrupt or the subject of bankruptcy proceedings or made any arrangement with creditors either in a personal capacity or in connection with any company, business or firm with which any of you have been involved.

I/We agree the information provided in connection with this Proposal, whether in my/our hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will entitle Insurers to void any insurance granted.

(N.B. A material fact is one likely to influence acceptance or assessment of this Proposal by Insurers; if you are in doubt as to what constitutes a material fact you should consult us).

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

DATA PROTECTION ACT 1998 – PROPOSER'S CONSENT CLAUSE

By signing this Proposal Form I/We hereby consent to any information you may have about me/us being processed by you for the purpose of providing insurance and claims handling which may necessitate your providing such information to third parties

Date cover required from:

**NOTE: No insurance will be in force until this proposal has been accepted by Insurers.**

Signature of Proposer:

Dated: