



Proposal Form

Fine Art Collections,
Personal Jewellery & Furs

Section 1

Title

First names

Surname

Address

(for correspondence)

Postcode/Zip code

Date of birth

Occupation of Proposer

Nationality of Proposer

Section 2

Address

(only if different from address above)

Postcode/Zip code

If you wish to include transits (for an additional premium) please tick the appropriate box

Section 3

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.

Continuation space is available at the end of this document

The Proposer

Mr

Location of items to be insured

Domestic

Worldwide

Territorial limits required for jewellery & furs

Premises only

USA/Canada only

UK/Europe only

Worldwide

Section 4

Are the buildings (including outbuildings)

If you have ticked any of the shaded boxes
give details.
(Use continuation sheet if necessary)

Section 5

You must contact your broker before entering
into any agreement for any work to be carried
out at the premises

Construction & Use

	YES	NO
(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"/>	<input checked="" type="checkbox"/>
(b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) a flat or an apartment? (if yes, give the floor) <input type="text"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(d) used for any business or professional purposes or open to the public?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(e) regularly left unattended by day or night?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Building & Decorating Work

	YES	NO
Do you intend to carry out any work on the premises insured involving outside contractors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If YES, give details below

Section 6

- (a) Make of alarm
- (b) Is it?
 - (i) bells only?
 - (ii) connected to the police?
 - (iii) central station?
- (c) Does it protect all areas containing the insured items?
- (d) Is the alarm maintained under contract?

If you have ticked any of the shaded boxes, please give details

Section 7

- (a) Give the make, model and age of the safe
- (b) Is it a:
 - (i) wall safe?
 - (ii) freestanding safe?
 - (iii) underfloor safe?
- (c) Weight and dimensions

Section 8

If you have ticked any of the shaded boxes, please give details

Alarm

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
If yes, by whom <div></div>	

Safe

YES	NO
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Other Security

	YES	NO
(a) Are all final exit doors fitted with a 5 lever mortice deadlock?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(b) Are all windows, fanlights and skylights fitted with key operated locks?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(c) Is your property protected by any other means?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 9

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.

Do the amounts insured represent current market value?
If No, please give details

Amounts to be insured

- (a) Pictures, paintings, sketches, prints and the like
- (b) Books
- (c) Statues and sculptures of a non-fragile nature, items of non-precious metals or wood
- (d) Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature
- (e) Antique furniture
- (f) Clocks, watches, barometers, mobiles and other mechanical art
- (g) Gold, Silver and other precious metals
- (h) Jewellery
- (i) Furs
- (j) Other items (give details)

☐ YES ☐ NO

Section 10

- (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?

Section 11

If Yes, please state:

- (a) approximate date of each loss or damage
- (b) circumstances and amount of each loss or damage
- (c) with whom the property was insured

Previous Insurance

XXXX

YES

NO

If Yes, please give details below

Losses

Has the Proposer, or any other person whose property is to be insured, 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

Section 12

If Yes, please give details

If Yes, please give details

Other Information

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

☒ YES ☐ NO

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

☒ YES ☐ NO

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 in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal 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

XX

XX

XXXX

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

- (a) How long have you known the Proposer(s)?
- (b) Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters?
- (c) Have you discussed the contents of this proposal form thoroughly with the Proposer(s)?
- (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?

To be completed by the “retail” producing broker or agent

☐ YES

☒ NO

☐ YES

☒ NO

Signature

Date

Company name and address
(including Postcode/Zipcode)

Section B

- (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?

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

☐ YES ☒ NO

Signature

Date

XX

XX

XXXX

Company name and address
(including Postcode/Zipcode)

Συγκατάθεση για τη χρήση πληροφοριών

Η General Cover insurance Brokers θα χρησιμοποιήσει τις πληροφορίες που παρέχονται στο παρόν για τη διαχείριση του ασφαλιστηρίου συμβολαίου, συμπεριλαμβανομένων των αναδοχών και των απαιτήσεων Χειρισμός, ή Αντιμετώπιση. Αυτό μπορεί να περιλαμβάνει τη γνωστοποίησή του σε άλλους ασφαλιστές, ρυθμιστικές αρχές ή στους πράκτορες του ασφαλιστή για λογαριασμό τους.
Ο ασφαλιστής μπορεί να παράσχει, κατόπιν αιτήματος, περισσότερες λεπτομέρειες μέσω των βάσεων δεδομένων στις οποίες έχει πρόσβαση ή συνεισφέρει .

Δήλωση
Ο κάτωθι υπογεγραμμένος επιβεβαιώνω ότι είμαι δεόντως εξουσιοδοτημένος και δίνω συγκατάθεση για τη χρήση των πληροφοριών όπως ορίζεται ανωτέρω .
Επίσης δηλώνω ότι είμαι εξουσιοδοτημένος να ολοκληρώσω αυτήν την πρόταση εξ ονόματος του προτείνοντος.
Αναλαμβάνω να ενημερώσω τον ασφαλιστή για οποιασδήποτε ουσιώδη τροποποίηση ή προσθήκη σε αυτές τις δηλώσεις ή στοιχεία που εμφανίζονται πριν από την έναρξη της περιόδου ασφάλισης. Αναγνωρίζεται και συμφωνείται ότι οι όροι υπόκεινται σε περιορισμούς και οι εξαιρέσεις από την πολιτική ενδέχεται να υποστούν αλλαγές οποιαδήποτε στιγμή πριν από την έναρξη της περιόδου ασφάλισης αν θα πρέπει να προκύψουν τέτοιες υλικές τροποποιήσεις ή προσθήκες. Η υπογραφή αυτής της πρότασης δεν δεσμεύει τον ασφαλιστή να δώσει προσφορά, ούτε ο αιτών να δεχθεί την ασφάλιση.

Υπογραφή *
Όνομα
Θέση της εταιρείας
Ημερομηνία

* ο υπογράφων θα πρέπει να είναι διευθυντής ή ανώτερος υπάλληλος της εταιρείας ή ο ασφαλιζόμενος

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.