

1. You, The Proposer	
A) Your Name and Trading Name	
B) The address at which this insurance is to apply :	
	Post Code:
C) Telephone & Fax Number :	T: <input type="text"/> F: <input type="text"/>
D) E-Mail Address (if any) :	
E) Web Site Address (if any) :	www. <input type="text"/>
F) i) How long have you traded from this address ? :	Years <input type="text"/> Months: <input type="text"/>
ii) Previous Address ?	
G) Please indicate which Trade Association you are a member of (if any) :	1) <input type="text"/> 2) <input type="text"/> 3) <input type="text"/>
H) Do you keep books recording all goods consigned or sale and/or valuation ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
I) Have you previously been insured ? If so :	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. With Whom ? :	i. <input type="text"/>
ii. Have Lloyds or any other Insurer ever cancelled or refused to issue or to continue with any insurance for you ? :	ii. Yes <input type="checkbox"/> No <input type="checkbox"/>
iii. If so, please give details :	iii. <input type="text"/>
J) Have you or any Director or Partner ever been :	
i. Convicted of or charged (but not yet tried) with any criminal offence ?	i) Yes <input type="checkbox"/> No <input type="checkbox"/>
ii. Declared Bankrupt or Insolvent	ii) Yes <input type="checkbox"/> No <input type="checkbox"/>

## 2. SUMS INSURED

### A) STOCK & GOODS IN TRUST

**Basis of Settlement :** Claims under this Section are normally settled on the following basis :

- (a) Own stock, at Original Cost Price + \_\_\_\_\_ % **OR** Selling Price less 25%
- (b) Property sold but not delivered, at Selling Price
- (c) Property entrusted to you on sale or return, at the prices shown in the Approbation note
- (d) Property bought by you on behalf of a client, at purchase price plus any fee or commission pre-agreed in writing
- (e) Property held by you [other than in (b), (c) & (d) above], held for repair, framing, valuations or for any other purpose, on the basis of your liability to the owners thereof.

**Where the Property lost and/or damaged is jointly owned with others, Underwriters' liability shall be limited to the proportionate interest of the Assured in the Property.**

B) With the above basis of Settlement in mind, what **Stock Sum Insured** do you require ?

**AUS\$**

Again, with the above Sum Insured in mind, please indicate the **percentage** breakdown of your stock :

i	Pictures and the like (including frames)	%
ii	Pottery, China, Glass, Terracotta and other brittle articles	%
iii	Furniture	%
iv	Carpets, Rugs and Tapestries	%
v	Clocks, Barometers & other Scientific Instruments	%
vi	Gem, Gold & Platinum Goods, Watches and Pearls	%
vii	Silver	%
viii	Any other Stock (Please State)	%
<b>Total :</b>		<b>100 %</b>

### C) Outside Limit :

i. What limit do you require for Goods carried by you away from your premises ?

AUS\$

ii. Maximum value, any one consignment within Australia by carriers, couriers regularly used for transits

AUS\$

### D) Exhibitions :-

Do you attend any Fairs/Exhibitions ?

Yes                         No      

If so, please indicate :

(a) Number attended in the next 12 months

\_\_ Per Annum

(b) The maximum value taken to each

AUS\$

## 3. Claims

Have you ever sustained any accident or losses or have any claims arisen, whether insured or not, in respect of any of the insurances to which this proposal refers ?

**Use a separate sheet of paper if necessary**

If 'Yes', give details covering the last 5 years :

Yes                         No      

i. Date of occurrence(s) :

i.

ii. Details of incident(s) :

ii.

iii. Amount paid or outstanding :

iii.

iv. Whether paid in full or not :

iv.                      Yes                         No

## 4. Declaration

Are there any circumstances within your knowledge not already disclosed which would affect Underwriters' decision to accept this proposal of insurance and subsequent issue of any Policy ? If so, Please state:  
*(If you are unsure as to what constitutes a material fact or feel you need to discuss this aspect or require any help, please consult your Insurance Broker)*

Details :

**Signed :-**  
**(Name :-**

)

**Date :-**

I/We have read the above and to the best of my/our knowledge and belief, the information provided in this questionnaire , 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 render this insurance null and void.

### SECURITY CHECK LIST

1. Are the premises **Occupied** at night?  Yes  No  
If so, by whom?
  - (i) You?  Yes  No
  - (ii) Tenant?  Yes  No
  - (iii) Can the occupier enter the business area when closed?  Yes  No
2. Are the Premises **Alarmed** ? If so, please indicate:  Yes  No
  - (i) Name of Alarm Company
  - (ii) What type of alarm connection is provided? i.e.
    - (a) Bells Only?  Yes  No
    - (b) Central Station?  Yes  No
  - (iii) Is the alarm maintained under contract?  Yes  No
3. If any, please advise how the **Display Windows** are protected:
  - (i) Plate Glass  Yes  No
  - (ii) Laminated Glass (at least 9.5mm)  Yes  No
  - (iii) Internal Grille(s)  Yes  No
  - (iv) External Grille(s) or Shutter(s)  Yes  No
4. **Doors & Windows** – how are the following secured and protected ?
  - (i) External Doors \_\_\_\_\_
  - (ii) External Windows (other than display windows) \_\_\_\_\_
5. Do you have **Closed Circuit Television**?  Yes  No  
Is it recorded?  Yes  No
6. Are there **Any Other** protections? (please state)  Yes  No

Signed: \_\_\_\_\_

Date: \_\_\_\_\_