

# Private Fine Art Insurance Form

Please complete and return this proposal form via post or email using the contact details on page 3.  
 Answer all questions in full.

**Before completing this form you must read page 3, as a requirement of the Insurance Contract Act.**

## Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Clth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance. You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

## Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## Subrogation and non-admission

The policy/ policies contain provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss, where you have admitted liability or prejudiced the insurer's rights of subrogation. This may occur where you are a party to an agreement which excludes or limits an insurer's rights to recover the loss from another party.

## 1. Personal Details

Insured Name

ABN (if applicable)

Full Business Description (if applicable)

Risk address



Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Phone	<input type="text"/>		Mobile	<input type="text"/>	
Email	<input type="text"/>		Fax	<input type="text"/>	

Occupation

Postal Address if different from above



Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
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**2. Risk address**

Is the main residence?

- (a) built of brick, stone or concrete  Yes  No
- (b) roofed with slate, file, asphalt, metal or concrete?  Yes  No
- (c) is in good condition/repair  Yes  No  
If you have answered "no" to any of the above, please provide full details

- (d) do you have additional locations that you require to be covered by this policy?  Yes  No  
If "yes", please complete the "Additional Location Sheet" attached for each additional location

**3. Protection at risk address**

- (a) is a burglar alarm fitted?  Yes  No
- (b) is the alarm connected to a police and/or central station?  Yes  No
- (c) is the alarm maintained under a contract?  Yes  No

(d) state types of locks on all external doors, e.g. five lever mortice deadlock, etc

(e) state types of locks on all accessible windows and skylights, e.g. screw or key operated, etc

(f) please advise whether the following are present

- Fire Extinguishers     Fire Alarms     Smoke Detectors     Others (please specify)

- (g) are the fire alarms/smoke detectors connected to a central station/monitored alarm?  Yes  No

**4. Collection**

Please provide the total sums to be insured for the following categories (In Australian Dollars):  
Please attached a breakdown (Schedule) of all items and values that make up the total sums to be insured

Pictures and painting	\$	Drawings, prints, books and the like	\$
Antique Furniture	\$	Antique clocks, watches and other mechanical artefacts	\$
Ceramics, porcelain, glass and other items of brittle or fragile nature	\$	Non fragile sculptures	\$
Fragile sculptures	\$	Gold, silver and other precious metals	\$
Jewellery	\$	Other valuables/collectibles (Please specify below)	

What is the value of the single most valuable item in your collection? \$

**5. Previous insurance**

Have you or any member of your immediate family/household ever sustained any loss or losses which would have been covered by this type of insurance had it been in force?

Yes  No

If "yes", please provide full details for each incident and give the approximate date, brief circumstances and amount

Circumstances	Date	Amount
		\$
		\$
		\$
		\$

Name of current insurer (if any)

Name of current broker (if any)

Expiry date of current policy

Has any insurer declined to accept/cancelled/refused to continue or agreed to continue on special terms any insurance for you or any other person to whom this insurance would apply?

Yes  No

If "yes", please provide full details

**6. Declaration and Signature**

You must tell us anything that you know, or should know, could affect our insurer’s decision to insure you and/or the terms on which they insure you. You must do this when you apply, renew your policy, or when you change or re-instate your policy. When we ask specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984.

I hereby acknowledge that I have complied with the duty of disclosure which is stated above. I confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.

**Signature**

**Date**

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Aon has always valued the privacy of personal information. If you would like a copy of our Privacy Policy, you can contact us or access it from our website at [www.aon.com.au](http://www.aon.com.au).

**Your Premium Calculation**

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your insurance.

**Terms of Credit**

Our terms of credit for clients are indicated on the invoice provided upon entering into the Insurance Contract. Aon is conscious of occasional hardship and understands the need to refer clients; if considered appropriate; to the Australian Financial Counsellors and Credit Reform Association. Aon acts in accordance with the requirements of ACCC and ASIC debt collection Guidelines : for Collectors and Creditors to arrange for the collection of outstanding amounts.

**Complaint and Dispute Resolution**

Any enquiry or complaint relating to your policy or a claim should be address to your Client Relationship Manager in the first instance. If your complaint is not satisfactorily resolved within 5 working days, please contact Aon’s National Complaints Manager, who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: [www.aon.com.au](http://www.aon.com.au)

If you are still not satisfied with the outcome determined within 10 working days, you should contact Lloyd’s Underwriters’ General Representative in Australia, Level 9, 1 O’Connell Street, Sydney, NSW 2000. Telephone Number: (02) 8298 0783. Email: [idraustralia@lloyds.com](mailto:idraustralia@lloyds.com). If your concern is with the Insurer, you may contact the Australian Financial Complaints Authority by calling 1800 931 678.

**General Insurance Code of Practice**

Aon is bound by the General Insurance Code of Practice and have processes in place to adhere to the requirements of the Code. All details relating to the Code can be found at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

**FORM SUBMISSION DETAILS**

Please return this proposal form via post or email using the following contact details:

**Amy Wadsworth - Client Manager**  
Aon Risk Solutions, 201 Kent Street, Sydney, NSW 2000  
e: [amy.wadsworth@aon.com](mailto:amy.wadsworth@aon.com)

**Additional Location(s) (Please complete if applicable)**

**7. Premises**

Address

Suburb  State  Postcode

Is this additional location:

- (a) built of brick, stone or concrete  Yes  No
- (b) roofed with slate, file, asphalt, metal or concrete?  Yes  No
- (c) is in good condition/repair  Yes  No  
If you have answered "no" to any of the above, please provide details

**8. Protection**

- (a) is a burglar alarm fitted?  Yes  No
- (b) is the alarm connected to a police and/or central station?  Yes  No
- (c) is the alarm maintained under a contract?  Yes  No

(d) state types of locks on all external doors, e.g. five lever mortice deadlock, etc

(e) state types of locks on all accessible windows and skylights, e.g. screw or key operated, etc

(f) please advise whether the following are present

- Fire Extinguishers  Fire Alarms  Smoke Detectors  Others (please specify)

(g) are the fire alarms/smoke detectors connected to a central station/monitored alarm?  Yes  No