

Fine Art & Antique Dealers Proposal Form

Please complete and return this proposal form via post or email using the contact details on page 5. Answer all questions in full.

Before completing this form you must read page 5, 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. Premises

Insured Name

ABN (if applicable)

Period for which the proposer has traded under the current name Years

Full Business Description (if applicable)

Risk address

Suburb State Postcode

Phone Mobile

Email Fax

Web

Postal Address if different from above

Suburb State Postcode

2. Premises

Is the main 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 full details

- (d) do you keep stock in the basement? Yes No
- (e) do you share your main location? Yes No
 If you have answered "yes" to the above, please provide full details of whom and what purposes.

- (f) do you occupy any other location for the purpose of the business? Yes No
 If "yes", please complete the "Additional Location Sheet" attached for each additional location.

3. Protection

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

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

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

(e) please advise whether the following are present

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

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

4. Stock

Please provide an approximate split of your stock values:

Painting pre 1960, drawings and prints	%	Paintings post 1960	%
BooksNon fragile statues/sculptures	%	Non fragile statues/sculptures	%
Fragiles, e.g. porcelain, ceramics, glass, etc	%	Furniture	%
Silver	%	Jewellery	%
Any other stock (please provide full details)	%		

5. Basis of Valuation

On what basis do you require claims in respect of your **OWN** stock settled?

- Cost price Plus % (i.e. cost price plus 30%)
- Selling price Less % (i.e. selling price less 20%)

6. Policy Limits

Please state the sum insured including the Basis of Valuation for:-

Stock, including all consignment stock	\$ <input type="text"/>	Trade furniture, fixtures and fittings	\$ <input type="text"/>
Reference library	\$ <input type="text"/>		

Do the above sums insured represent the total value of stock that will be at risk? Yes No
 If "no", please provide full details

Please state the transit limit required \$

Please state the total annual transit turnover for the last 12 months

Domestic transits	\$ <input type="text"/>	International transits	\$ <input type="text"/>
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Please state the limit required at unnamed locations \$

Please state which transit company(ies) you normally use?

Please state the limit required for cost of "replacement as new" interior and exterior glass \$

Which trade fairs/exhibitions do you anticipate attending in the next 12 months (if known)

Name of trade fair/exhibition	Date	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"/>	<input type="text"/>	\$ <input type="text"/>

7. Public & Products Liability

Please indicate limit of indemnity required \$10,000,000 \$20,000,000

Please advise the following:

	This Year	Next Year
(a) number of persons engaged in the business	\$	\$
(b) gross salaries/wages	\$	\$
(c) gross turnover	\$	\$
(d) value of sub-contracts let	\$	\$
(e) If labour hire used, the estimate annual amount paid to the hire firms	\$	\$

If labour hire used, provide details of work undertaken

(f) Do you wish to cover sub-contractors/labour staff for liability? Yes No

Have you or any other principals, partners and/or directors sustained any liability losses during the last 6 years 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
		\$
		\$
		\$
		\$

8. Previous insurance

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

Have you or any other principals, partners and/or directors sustained any loss or damage during the last 6 years which would have been covered by this type of insurance had it been in force?

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

Circumstances	Date	Amount
		\$
		\$
		\$
		\$

9. Other Information

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

Yes No

If "yes", please provide full details

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

Yes No

If "yes", please provide full details

10. 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 provides insurance cover for all classes of insurance, including the following:

- **Consequential loss**
- **Professional indemnity**
- **Commercial property**
- **Private/corporate collections**
- **Defective title**
- **Prestige home and contents**
- **Corporate travel**

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.

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

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: idaustralia@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

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

Additional Location(s) (Please complete if applicable)

11. Premises

Address

Suburb State Postcode

(a) Is this additional location: Yes No

(b) built of brick, stone or concrete Yes No

(c) roofed with slate, file, asphalt, metal or concrete? Yes No

(d) is in good condition/repair Yes No

If you have answered "no" to any of the above, please provide details

(e) do you keep stock in the basement? Yes No

(f) do you share this additional location?
If you have answered "yes" to the above, please provide details of whom and what purposes.

12. Protection

(a) is a burglar alarm fitted? Yes No

(b) is the alarm connected to a police and/or central station? Yes No

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

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

(e) please advise whether the following are present

Fire Extinguishers Fire Alarms Smoke Detectors Others (please specify)

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

13. Policy Limits

Please state the sum insured **including** the Basis of Valuation at this location for:-

Stock, including all consignment stock \$ Trade furniture, fixtures and fittings \$

Reference library \$

Do the above sums insured represent the total value of stock that will be at risk at this location? Yes No

If "no", please provide full details

Please state the limit required for cost of "replacement as new" interior and exterior glass \$