

# **Museum Insurance Form**

Please complete and return this proposal form via post or email using the contact details on page six. Answer all questions in full. Before completing this form you must read pages five as a requirement of the Insurance Contracts 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 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 it isrequired to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claimand 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		
Full Business Description		
Risk Address		
THISK Address		
Suburb	State	Postcode
Phone	Mobile	
Email	Fax	
Occupation		
Postal Address (if different from above)		
Suburb	State	Postcode
2. Risk Address		
Is the main residence:		
a. Built of brick, stone or concrete?		Yes No
b. Roofed with slate, tile, asphalt, metal or concrete?		Yes No
c. In good condition and/or repair?		Yes No
If you have answered "no" to any of the above, please pl	rovide full details:	
d. Do you have additional locations that you require to $\boldsymbol{k}$		Yes No
If "yes," please complete the attached Additional Loc	ation Sheet for each addition	al 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.	List the types of locks on all external doors, e.g., five lever mortice deadlock and so on:				
e.	List the types of locks on all accessible windows and skylights, e.g., screw or key-operated	d, an	id so on:		
f.	Please advise whether the following are present:				
	Fire extinguishers Smoke detectors				
	Other (please specify)				
g.	Are the fire alarms and/or smoke detectors connected to a central station and/or 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.  Limit of Indemnity required (premiums for each limit are detailed on the website)					
Pi	ctures and paintings	\$			
Dr	rawings, prints, books and the like	\$			
Ar	ntique furniture	\$			
Ar	ntique clocks, watches and other mechanical artefacts	\$			
Ce	eramics, porcelain, glass and other items of brittle or fragile nature	\$			
No	on-fragile sculptures	\$_			
Fr	agile sculptures	\$			





Gold, silver and other precious metals		\$	
Jewellery		\$	
Jeweller y		Ÿ	
Other valuables and/or collectibles (please spec	cify 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 fan loss or losses which would have been covered b If "yes," please provide full details for each incide	y this type of insurance had it been i	n force?	No nces 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 and/or cancer agreed to continue on special terms, any insurance whom this insurance would apply?		/or Y	es No
If "yes," please provide full details:			

Fine Arts Team Australia Georgia Cragg +61 2 9253 7224 Jayne Marsh +61 2 8623 4225 au.finearts@aon.com



## 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 reinstate 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

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 <u>aon.com.au</u>.



#### **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 complaint relating to this insurance can be lodged with Aon's complaints team as follows:

The Complaints Officer Aon Corporation Australia Pty Ltd Level 33, 201 Kent St, Sydney NSW 2000

Tel: 02 9253 7000

Email: au.compliance@aon.com

Complaints that cannot be resolved via the relevant complaints process may be referred to the Australian Financial Complaints Authority, the details of which are noted below:

Australian Financial Complaints Authority GPO Box 3, Melbourne VIC 3001

Web: <a href="mailto:www.afca.org.au">www.afca.org.au</a>
Email: <a href="mailto:info@afca.org.au">info@afca.org.au</a>
Tel: 1800 931 678

**General Insurance Code of Practice** 

This form is compliant with the Insurance Council of Australia's General Insurance Code of Practice. XL Insurance Company SE, Australia Branch proudly supports the General Insurance Code of Practice. The purpose of the code is to raise standards of practice and service in the general insurance industry. All details relating to the code can be found at <a href="https://www.codeofpractice.com.au">www.codeofpractice.com.au</a>

### Form Submission

Please return this proposal form using the following contact information:

Georgia Cragg 02 9253 7224 georgia.cragg@aon.com

Jayne Marsh 02 8623 4225 jayne.marsh@aon.com

Aon Risk Solutions 201 Kent Street Sydney, NSW 2000



## Additional Location(s) (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, tile, asphalt, metal or concrete?		Yes	No
c. In good condition and/or repair?		Yes	No
If you have answered "no" to any of the above, please p	provide details:		
8. Protection			
a. Is a burglar alarm fitted?		☐ Yes	□ No
b. Is the alarm connected to a police and/or central sta	ation?	☐ Yes	□ No
c. Is the alarm maintained under a contract?		Yes	No
d. List the types of locks on all external doors, e.g., five	siever mortice deadlock	and 30 on.	
e. List the types of locks on all accessible windows and	d skylights, e.g., screw o	r key operated, and so on:	
f. Diagon odvigo vykotkov tko follovijov ovo pvogode			
f. Please advise whether the following are present:  Fire extinguishers  Other (please specify)	Smoke detectors		
g. Are the fire alarms and smoke detectors connected and/or monitored alarm?	to a central station	Yes	No