



## Fine Art, Antiques & Allied Trades Proposal Form

### General Information

#### Completion of the Proposal Form

Please note that in completing this Proposal you must disclose all material facts which are likely to influence the acceptance or assessment of the risk. If you are in any doubt as to whether facts are material you should, for your own protection, disclose them as failure to do so could invalidate the insurance.

You should keep a record of all information (including copies of letters) supplied to the Company for the purpose of entering into this Contract.

#### Insured

Full names (including Trading Names) \_\_\_\_\_

Postal Address \_\_\_\_\_  
\_\_\_\_\_ Postcode \_\_\_\_\_

Contact Name/Telephone No. \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Web-site \_\_\_\_\_  
Opening Hours \_\_\_\_\_

**Business Description.** \_\_\_\_\_

**Current Insurer** \_\_\_\_\_ **Renewal Date** \_\_\_\_\_ **Premium** \_\_\_\_\_

#### Operative Date

Cover required from \_\_\_\_\_ Renewal Date \_\_\_\_\_

#### General Questions

- 1) Do you work from your private residence? YES  NO
- 2) Are any additional interests to be endorsed onto policy? YES  NO
- 3) How long have you been in business?  
a) at the premises to be insured .....  
b) at any other premises .....
- 4) Are you the sole occupier of the premises? YES  NO
- 5) Are the premises in good repair internally and externally? YES  NO
- 6) Have you or any of your partners or directors either personally or in connection with any business in which you/they have been involved  
a) Previously held insurance for any covers to which this proposal relates at these premises or elsewhere? YES  NO   
b) Held any insurance in respect of any of the covers to which this proposal relates which have been subsequently:  
i) Declined? YES  NO



- ii) Terminated? YES  NO
- iii) Refused renewal? YES  NO
- iv) Subject to special terms? YES  NO
  
- c) Ever been convicted or charged, but not yet tried, with a criminal offence other than a motoring offence? YES  NO
  
- d) Ever been declared bankrupt or are the subject of any current bankruptcy proceedings or any voluntary or mandatory insolvency or winding up procedures? YES  NO
  
- e) Have you had to initiate or defend any claims for legal proceedings within the next 5 years YES  NO
  
- f) Are there any other circumstances not already disclosed affecting or likely to affect the proposed insurance? YES  NO

If you have answered Yes to any of the above please provide more details below:

**Additional information:**

**Property**

**Premises 1 :** .....

..... **Post code** .....

**Premises 2 :** .....

..... **Post code** .....

**Premises 3 :** .....

..... **Post code** .....

	At Premises 1 GBP	At Premises 2 GBP	At Premises 3 GBP
<b>Buildings (including landlords fixtures &amp; fittings)</b>			
<b>Trade Contents (including trade fixtures &amp; fittings)</b>			
<b>Tenants Improvements</b>			
<b>Stock split as follows (please refer Basis of valuation sheet attached):</b>			
<b>a) Jewellery, gold &amp; precious stones</b>			



<b>Please provide limits any one</b>	Pad GBP..... Item/Pair/Set GBP.....	Pad GBP..... Item/Pair/Set GBP.....	Pad GBP..... Item/Pair/Set GBP.....
<b>b) Silver and other precious metals</b>			
<b>c) Silver Plate, Sheffield Plate and Electroplate</b>			
<b>d) Long case Clocks</b>			
<b>e) Ivory, Bronzes, Sculptures &amp; Miniatures (paintings)</b>			
<b>f) Bracket Clocks, Carriage Clocks, Watches, Musical Boxes, Barometers, Coins</b>			
<b>g) Oil paintings, watercolours, prints and frames</b>			
<b>h) Furniture, mirrors, pewter, Brass, copper, carpets, tapestries</b>			
<b>i) Glass, porcelain, pottery, dolls</b>			
<b>j) Books/maps</b>			
<b>k) Other items ( Please Specify)</b>			
<b>l) Collectables (Please Specify)</b>			
<b>m) Memorabilia (Please Specify)</b>			
<b>n) All risks (Portable items)</b>			
<b>Stock at any other location</b>			
<b>Rent Payable (Sum insured based on 12 months indemnity period)</b>			

**A) Exhibitions/Antique Fairs**

Number of **EXHIBITIONS OR ANTIQUE FAIRS** at which you intend to exhibit in the coming year?

- i) Maximum value whilst at any Exhibition or Antique Fair whilst in the UK (excluding Gold and Silver)? GBP.....
- ii) Maximum value whilst at any Exhibition or Antique Fair whilst in the UK (including Gold and Silver)? GBP.....
- iii) Maximum value whilst at any Exhibition or Antique Fair in Europe (cover excludes Gold and Silver)? GBP.....
- iv) Maximum value whilst at any Exhibition or Antique Fair in the USA/Rest of World (cover excludes Gold and Silver)? GBP.....





5)	Do you have display windows that are partitioned off from the rest of the shop?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If answer is YES, please provide value of stock in all windows	During hours GBP..... Out of Hours GBP.....	During hours GBP..... Out of Hours GBP.....	During hours GBP..... Out of Hours GBP.....
6)	Is jewellery, gold, precious stones, silver, watches and coins kept in locked showcases at all times other than when being worked upon?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7)	Are the premises in an area free from flooding?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please provide details of the nearest watercourse, how high the premises are above this and the year of the last known flooding in the area	..... ..... .....	..... ..... .....	..... ..... .....
8)	a) Do the premises (including outbuildings) have any signs of damage which may be attributable to subsidence, landslip or heave?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	b) Are the premises free from any signs of external cracks which might be attributable to settlement of foundations or movement of buildings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9)	Do you store Stock in any basement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10)	Are the premises ever left unoccupied for a period exceeding 30 days	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11)	Do you use approbation (SOR) notes in respect of all entrustments out?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>If the Buildings are to be insured</b>			
12)	Do the premises comply with the Electricity at Work Regulations	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13)	Does the premises have a current IEE certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Additional information:**



**Business Interruption**

N.B – To arrive at the correct sum insured you should project your anticipated trading profit forward 12 months. To calculate your trading profit deduct estimated annual cost of purchases from your estimated annual turnover.

**Loss of Gross Profits**

- 1) Sum Insured (including auditors fees) GBP.....
- 2) Indemnity Period required if more than 12 months? 18/24/36 months

**Additional Increased Cost of Working**

- 1) Is cover required? YES  NO   
 If YES, Please state sum insured GBP.....
- 2) Indemnity Period required if more than 12 months? 18/24/36 months

**Loss of Rent Receivable**

- 1) Sum Insured GBP.....
- 2) Indemnity Period required if more than 12 months? 18/24/36 months

**Money/Assault**

	At Premises 1 GBP	At Premises 2 GBP	At Premises 3 GBP
Please state limits required:			
a) During business hours or whilst in transit			
b) After business hours in a specified locked safe			
Please provide safe make and model details	.....	.....	.....
	.....	.....	.....
	.....	.....	.....
Please note that Money at residence of Principals, Directors or Employees of Proposer Limit GBP 500			

**Fidelity Guarantee**

- Cover required: YES  NO   
 (Standard policy limit is GBP 5,000)
- Do you comply with Minimum Standard as attached? YES  NO



**Employers Liability**

**Basis of Cover**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Cover required?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 1) Please provide wages estimates split as follows  |                              |                             |
| a) Directors and Clerical Staff   | GBP.....                     |                             |
| b) Shop Assistants  | GBP.....                     |                             |
| c) Employees using fixed power driven machinery   | GBP.....                     |                             |
| d) Employees using hand tools including portable power tools or machinery   | GBP.....                     |                             |
| e) Drivers  | GBP.....                     |                             |
| f) All Others   | GBP.....                     |                             |
| 2) Total Number of Employees?   | .....                        |                             |
| 3) Do you have a formal written Health & Safety policy?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If yes:   |                              |                             |
| Date originally prepared:   |                              |                             |
| Date of last review:  | .....                        |                             |
| 4) Who is responsible for Health & Safety (Name)?   | .....                        |                             |
| 5) Have you carried out formal Risk Assessments (RAs), documented with relevant safe systems of work?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6) Do you have a formal safety training plan for employees?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7) Do you have formal plan for the provision of Personal Protective Equipment (PPE)?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| If Yes, do employees sign for PPE and are records kept?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8) Has a fire risk assessment been carried out by a Competent Person and has a fire emergency plan been documented as required under the Regulatory Reform (Fire Safety) Order? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9) Do you have a formal Health and Safety Monitoring plan?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10) Do you have a formal documented accident investigation plan?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11) Do you have statutory accident book?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



**Public & Products Liability**

Cover Required? YES  NO   
Please select indemnity limit: GBP1,000,000/GBP2,000,000/GBP5,000,000

- 1) Do you undertake any work involving the use of heat? YES  NO
- 2) Do you undertake any work away from your premises? (*other than collection or delivery or picture hangers*) YES  NO   
If yes please provide details below
- 3) Does work away exceed 10% of your turnover? YES  NO
- 4) If work away please provide wages total GBP.....
- 5) Please advise your annual turnover figure split as follows  
a) UK and Europe GBP.....  
b) USA/Canada GBP.....  
c) Elsewhere GBP.....

**Personal Accident**

Cover Required? YES  NO   
**(Please refer to the Summary of Cover for those sports / activities that are EXCLUDED)**

**Schedule of Compensation**

		Benefit per Unit
i)	Death, Loss of eyes, limbs, Permanent Total Disablement	GBP 10,000
ii)	Temporary Total Disablement	GBP 100 per week
iii)	Temporary Partial Disablement	GBP 50 per week

(Payment under (ii) and (iii) is limited to 104 weeks in total)

The Schedule of Compensation selected for each person to be insured is to a maximum of GBP 50,000. The weekly benefits will increase in proportion but the amount selected should not exceed the Insured Persons average gross weekly income.

Please name individuals to be insured:

Name	Occupation	Date of Birth	Wages	Number of Units (max. 5)
			GBP	
			GBP	
			GBP	
			GBP	

- 1) Has life, accident or illness insurance for any of the proposed persons ever been declined, accepted on special terms or cancelled? YES  NO
- 2) Do any of the proposed person have defective sight or hearing? YES  NO



- 3) Have any of the proposed person suffered a fit of any kind, rheumatic fever, diabetes, heart conditions, hernia, "slipped discs" or any form of nervous condition? YES  NO
- 4) Any of the proposed persons likely to travel extensively abroad or reside temporarily outside the United Kingdom during the next 12 months? YES  NO

If you have answered **YES** to any of the above questions please provide further details below:

### Terrorism

Cover Required? YES  NO

### Claims History

- 1) Have there been any losses or claims in connection with the risks to be insured including legal liability whether insured or not during the last 5 years YES  NO   
 If YES, please give full details below:

Date of Loss	Type of Claim	Details	Settled Claims Amount Paid	Outstanding claims estimated cost



--	--	--	--	--

**Declaration**

Please read this declaration carefully before signing and dating.

I/We apply for cover with respect to the sections of insurance I/we have indicated.

I/We have answered the appropriate questions and declare that:

- To the best of my/our knowledge and belief the information given is true in every respect
- If anything in this proposal was written by another person he/she acted as my/our agent for this purpose
- I/We will provide at the end of each period of insurance information as required by the Company concerning those covers which are on an adjustable basis and will pay such additional premium as may be required.
- I/We will notify the Company of any changes in material facts immediately I/we shall become aware of them.
- The premises (including outbuildings) are and will be maintained in a good state of repair, the machinery and plant will be properly fenced and guarded, and together with all other equipment and tools of trade will be regularly maintained and kept in good order and condition.

I/We agree that:

- This proposal shall be the basis of the contract between me/us and the Company.
- I/We will accept the Company's policy applicable to the insurance.
- I/We will pay the premium to the Company when called upon to do so.

Signature  Date

The liability of the Company does not commence until the acceptance of this Proposal has been intimated by the Company.

You and we are free to choose the law applicable to this contract. In the absence of an agreement to the contrary the law of England and Wales will apply. If you reside in (or, in the case of business, the registered office/principal place of business is in) Scotland, Northern Ireland, the Channel Islands or the Isle of Man the law applicable to that appropriate country will apply.



## Stock – Basis of valuation

**1. For your own stock you can choose any one of the following basis of valuation:**

- i) Cost Price Plus Repair and/or Restoration
- ii) Cost Price Plus Repair and/or Restoration Plus a Percentage

Whether you choose basis (i) or (ii), complete this calculation:

Cost Price of own Stock	GBP
Plus the percentage uplift if applicable %	GBP

<b>Total</b>	<b>GBP</b>
Plus stock entrusted to you	GBP

\_\_\_\_\_

<b>Overall Total</b>	<b>GBP</b>
----------------------	------------

\_\_\_\_\_

**In respect of stock not belonging to you the following basis of valuation apply:**

- |   |   |  |
|---|---|--|
| Property sold but not delivered to the purchasers                             | - | Selling Price                            |
| Property owned by Third Parties entrusted to you on Sale or Return            | - | Price (s) shown on the approbation notes |
| Property in your custody for repair, framing, valuation or any other purpose. | - | your liability to owners thereof         |

**Approbation Notes:**

It shall be a condition subject to any liability of the Company to make any payment under this policy that in respect of Approbation notes the Insured shall record all transactions within an Approbation book or within their standard computer records.



## Fidelity Guarantee – Minimum Standards

- |                            |  |
|----------------------------|--|
| <b>Auditors</b>            | 1. As required by legislation the Accounts of the Insured including any subsidiary companies shall be examined by external auditors every twelve months. All recommendations or alternative action acceptable to the auditors shall be implemented without delay.  |
| <b>Cash and Petty Cash</b> | 2. Cash in hand and petty cash must be checked independently of <b>Employees</b> responsible at least monthly and without warning every six months.  |
| <b>Cash Receipts</b>       | 3. <b>Employees</b> receiving cash and cheques in the course of their duties shall be required to remit all money received and or bank in full within seven days of receipt.   |
| <b>Cheque Signing</b>      | 4. All cheques or other bank instruments drawn for more than GBP10,000 shall require two manually applied signatures to be added after the amount has been inserted and the <b>Insured</b> shall advise their bankers accordingly  |
| <b>Computer Security</b>   | 5. Security checks will be built into all computer functions with reconciliation made as necessary. Responsibilities for authorisation of transactions processing and handling of output to be exercised by different employees  |
| <b>Ordering Goods</b>      | 6. Different persons acting independently shall be responsible for <ol style="list-style-type: none"><li>a) the ordering of stock materials and the recording of their receipt</li><li>b) authorising payment for stock and materials to include signing of cheques</li></ol>  |
| <b>Part Time Staff</b>     | 7. Part time staff shall mean <b>Employees</b> not working more than fifteen hours per week  |
| <b>Payroll</b>             | 9. In respect of <b>Employees</b> not paid by crossed cheques or credit transfer the cast of the payroll will be subject to an independent check before payment to ensure that the amount drawn is correct.  |
| <b>Reconciliation</b>      | 10. Independently of <b>Employees</b> responsible bank statements receipts counterfoils and supporting documents shall be checked at least monthly against the cash book entries and the balance tested with cash and unrepresented cheques  |
| <b>Reference Condition</b> | 11. The <b>Insured</b> shall obtain satisfactory references to confirm the honesty of each <b>Employee</b> who will be responsible for money goods accounts computer operations or computer programming engaged after the commencement of this Policy.<br><br>Such references shall be obtained directly from former employers for the three years immediately preceding engagement within 21 days of the <b>Employee</b> commencing engagement. |



Should such references not be received within this period for such **Employee**, then no cover is operative for that person.

References need not be obtained in respect of Employees who have satisfactorily and continuously served the Insured for at least one year in another capacity before being entrusted with the duties referred to above

In respect of Employees joining directly from school or government sponsored youth training schemes one character reference shall be obtained

A written record of any verbal reference shall be made at the time it is obtained and the original copy of each written reference and the record of the verbal reference shall be retained by the **Insured** and made available for inspection by the Company on request.

**Statements of Account**

13. Statements of account of all amounts due will be issued at least monthly and directly to customers independently of **Employees** receiving or collecting monies

Action shall be taken by management if an account becomes three months overdue

**Stocktaking**

14. There will be a physical check on all stock and materials held against verified stock records independent of **Employees** responsible at intervals of not more than 12 months