## Duty of Disclosure

Before you enter into a contract of general or life insurance with an Underwriter you have a duty, under the Insurance Contracts Act. 1984, to disclose to the Underwriter every matter that you know, or could reasonably be expected to know, is relevant to the Underwriter’s decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose these matters to the Underwriter before you renew, extend vary or reinstate this contract of general insurance. Your duty, however does not require disclosure of any matter:

* that diminishes the Underwriter’s risk
* that is of common knowledge
* that the Underwriter knows, or in the ordinary course of business, should know
* as to which compliance with your duty of disclosure is waived by the Underwriter.

## Non-Disclosure

If you fail to comply with your duty of disclosure the Underwriter may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Underwriter may also have the option of avoiding the contract from its beginning.

## Subrogation

If you have entered into an agreement with another party which prevents the Insurer from taking a recovery action for compensation from that party it may affect your right to cover under this Policy.

Should you now be a party to such an agreement or be requested to enter such an agreement in the future please advise this office in writing.

## Personal Details

Insured name:

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

Contact name:

Address of main location:

Phone No:       Email:

Website:

## Premises

1. Is the main location?
   1. built of brick, stone or concrete  Yes  No
   2. roofed with slate, file, asphalt, metal or concrete?  Yes  No
   3. is in good condition/repair  Yes  No

If you have answered “no” to any of the above, please provide full details

* 1. do you keep stock in the basement?  Yes  No
  2. 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.

* 1. 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.

## Protections

* 1. is a burglar alarm fitted?  Yes  No
  2. is the alarm connected to a police and/or central station?  Yes  No
  3. state types of locks on all external doors, e.g. five lever mortice deadlock, etc

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

* 1. please advise whether the following are present

Fire Extinguishers  Fire Alarms  Smoke Detectors

Others (please specify)

* 1. are the fire alarms/smoke detectors connected to a central station/monitored alarm?  Yes  No

## Stock

1. Please provide an approximate split of your stock values:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Painting pre 1960, drawings and prints | % |  | Paintings post 1960 | % |
|  | Books | % |  | Non fragile statues  / sculptures | % |
|  | Fragiles, e.g. porcelain, ceramics, glass, etc | % |  | Furniture | % |
|  | Silver | % |  | Jewellery | % |

* 1. Any other stock (please provide full details)

## Basis of Valuation

1. 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%)

## Policy Limits

1. 1. Please state the sum insured including the Basis of Valuation for:
      1. Stock, including all consignment stock CAD
      2. Reference library CAD
      3. Trade furniture, fixtures and fittings CAD
      4. Computer / Laptops / Portable equipment CAD
   2. Do the above sums insured represent the total value of stock that will be at risk?  Yes  No

If “no”, please provide full details

* 1. Please state the transit limit required CAD
  2. Please state the total annual transit turnover for the last 12 months:
     1. Domestic transits CAD
     2. International transits CAD
  3. Please state the limit required at unnamed locations CAD
  4. Please state which transit company(ies) you normally use?
  5. Please state the limit required for cost of “replacement as new” interior and exterior glass CAD
  6. Which trade fairs/exhibitions will you be attending in the next 12 months

|  |  |  |
| --- | --- | --- |
| **Name of trade fair/exhibition** | **Date** | **Limit Required** |
|  |  | CAD |
|  |  | CAD |
|  |  | CAD |
|  |  | CAD |

## Public & Products Liability

1. 1. Please indicate limit of indemnity required  $1,000,000  $2,000,000
   2. Please advise the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **This year** | **Next year** |
|  | number of persons engaged in the business |  |  |
|  | gross salaries/wages | CAD | CAD |
|  | gross turnover | CAD | CAD |
|  | value of sub-contracts let | CAD | CAD |
|  | If labour hire used, the estimate annual amount paid to the hire firms | CAD | CAD |

* 1. If labour hire used, provide details of work undertaken

* 1. Do you wish to cover sub-contractors/labour staff for liability?  Yes  No
  2. 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** |
|  |  | CAD |
|  |  | CAD |

## Previous insurance

1. 1. Name of current insurer (if any)
   2. Name of current broker (if any)
   3. Expiry date of current policy
   4. 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

* 1. 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?  Yes  No

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

|  |  |  |
| --- | --- | --- |
| **Circumstances** | **Date** | **Amount** |
|  |  | CAD |
|  |  | CAD |

## Other Information

1. 1. Have you or any other principal, 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

* 1. Are there any other factors affecting this insurance of which you are aware?  Yes  No

If “yes”, please provide full details

## 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:**

**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.

Additional Location

## Premises

1. 1. Address of additional location:
   2. Is this additional location:
      1. built of brick, stone or concrete  Yes  No
      2. roofed with slate, file, asphalt, metal or concrete?  Yes  No
      3. is in good condition/repair  Yes  No

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

* 1. do you keep stock in the basement?  Yes  No
  2. do you share this additional location?  Yes  No

If you have answered “yes” to the above, please provide details of whom and what purposes.

## Protections

1. 1. is a burglar alarm fitted?  Yes  No
   2. is the alarm connected to a police and/or central station?  Yes  No
   3. state types of locks on all external doors, e.g. five lever mortice deadlock, etc

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

* 1. please advise whether the following are present

Fire Extinguishers  Fire Alarms  Smoke Detectors

Others (please specify)

* 1. are the fire alarms/smoke detectors connected to a central station/monitored alarm?  Yes  No

## Policy Limits

1. Please state the sum insured **including** the Basis of Valuation at this location for:
   1. Stock, including all consignment stock CAD
   2. Trade furniture, fixtures and fittings CAD
   3. Reference library CAD
   4. 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

* 1. Please state the limit required for cost of “replacement as new” interior and exterior glass CAD