

# Fine Art and Antique Dealers Proposal Form

**Please complete and return this proposal form via post or email using the contact details on page eight. Answer all questions in full. Before completing this form you must read page seven 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 (ICth) 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 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

How many years has the proposer traded under the current name for?

Full Business Description

Risk Address

Suburb

State

Postcode

Phone

Mobile

Email

Fax

Web

Occupation

Postal Address (if different from above)

Suburb

State

Postcode

## 2. Premises

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 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 "no" to any of the above, please provide full details:

f. Do you occupy any other location for the purpose of the business?

☐ Yes

☐ No

If "yes," please complete the attached Additional Location Sheet 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. List the types of locks on all external doors, e.g., five lever mortice deadlock and so on:

d. List the types of locks on all accessible windows and skylights, e.g., screw or key-operated, and so on:

e. Please advise whether the following are present:

☐ Fire extinguishers ☐ Fire alarms ☐ Smoke detectors

☐ Other (please specify)

f. Are the fire alarms and/or smoke detectors connected to a central station and/or monitored alarm?

☐ Yes

☐ No

### 4. Stock

Please provide an approximate split of your stock values:

Painting pre-1960, drawings and prints

\$

Paintings post-1960

\$

Books

\$

Non-fragile statues and sculptures

\$

Fragiles, e.g., porcelain, ceramics, glass

\$

Furniture

\$

Silver	\$	<input type="text"/>
Jewellery	\$	<input type="text"/>
Any other stock (please provide full details)	\$	<input type="text"/>
<input type="text"/>		

## 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., price less 20%)

## 6. Policy Limits

Please list the sum insured, including the basis 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 enter the transit limit required: \$

Please enter the total annual transit turnover for the last 12 months:

Domestic transits \$

International transits \$

Please enter the limit required at unnamed locations: \$

Please list which transit company(ies) you normally use:

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

Below, list the trade fairs and/or exhibitions you anticipate attending in the next 12 months.

Name of Trade Fair and/or Exhibition	Date	Limit Required
		\$
		\$
		\$
		\$
		\$
		\$

## 7. Public and 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 and/or wages	\$	\$
c. Gross turnover	\$	\$
d. Value of sub-contracts let	\$	\$
e. If labour hire used, the estimated annual amount paid to the hire firms	\$	\$
If labour hire used, provide details of work undertaken:		

f. Do you wish to cover sub-contractors and/or labour staff for liability? ☐ Yes ☐ No

Have you, or any other principals, partners and/or directors sustained any liability losses during the last six years which would have been covered by this type of insurance had it been in force? ☐ Yes ☐ No

If "yes," please provide details for each incident, including 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 and/or cancelled and/or refused to continue and/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 six (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
		\$
		\$
		\$
		\$
		\$
		\$

## 9. Other Information

Have you or any other principals, partners and/or directors ever been convicted of arson or any offence involving dishonesty, such as 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, that could affect our insurer's decision to insure you and/or the terms under 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 same circumstances would answer them. It is important that every person who will be insured by the policy answer 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 provides insurance cover for all classes of insurance, including the following:

- Consequential loss
- Professional indemnity
- Commercial property
- Private and 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 [aon.com.au](https://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 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](mailto: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: [www.afca.org.au](http://www.afca.org.au)  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
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 [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

### **Form Submission**

Please return this proposal form using the following contact information:

Georgia Cragg  
02 9253 7224  
[georgia.cragg@aon.com](mailto:georgia.cragg@aon.com)

Jayne Marsh  
02 8623 4225  
[jayne.marsh@aon.com](mailto:jayne.marsh@aon.com)

Aon Risk Solutions  
201 Kent Street  
Sydney, NSW 2000



## Additional Location(s) (complete if applicable)

### 11. Premises

Address

Suburb

State

Postcode

Is this additional location:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Built of brick, stone or concrete?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Roofed with slate, tile, asphalt, metal or concrete? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. In good condition and/or repair?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| d. Do you keep stock in the basement?     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Do you share this additional location? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you have answered "yes" to the above, please provide details of whom and what purposes:

### 12. Protection

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a. Is a burglar alarm fitted?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. Is the alarm connected to a police and/or central station?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. List the types of locks on all external doors, e.g., five lever mortice deadlock, and so on: |                              |                             |

- d. List the types of locks on all accessible windows and skylights, e.g., screw or key operated, and so on:

e. Please advise whether the following are present:

- ☐ Fire extinguishers    ☐ Fire alarms    ☐ Smoke detectors  
☐ Other (please specify)

f. Are the fire alarms and smoke detectors connected to a central station and/or monitored alarm?

☐ Yes    ☐ No

### 13. Policy Limits

Please list 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 enter the limit required for cost of "replacement as new" interior and exterior glass

\$