



Proposal Form

Museum Collections  
U.S.A. / Canada

**Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign.**

Answer all questions in full. Tick Yes/No boxes.

Continuation space is available at the end of this document

## Section 1

Full name of Proposer

Name under which Proposer operates

Address (for correspondence)

Zip code

Full description of museum  
(i.e. Nature of Collection)

## The Proposer

  
  
  
  
  
  
  
  

## Section 2

Address

(only if different from address above)

Zip code

If only part of the building is occupied by you, state which part, including which floors you occupy

If you wish to include transits (for an additional premium) please tick the appropriate box

## Location of items to be insured

  
  
  
  
  
  

Domestic

Worldwide

## Section 3

## Territorial limits required

Premises only

USA/Canada only

Worldwide

## Section 4

Are the buildings (including outbuildings)

## Construction of Premises

(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?

YES

NO

(b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?

If you have ticked 'No' to either (a) or (b) above, please give details:

(Use continuation sheets if necessary)

## Section 5

Is a burglar alarm fitted?

If Yes, please state:

(a) Make of alarm

(b) Is it:

(i) Bells only?

(ii) connected to the police?

(iii) central station?

(c) Does it protect all areas containing the insured items?

(d) Is the alarm maintained under contract?

## Alarm

YES

NO

YES

NO

If yes, by whom

## Section 6

Please give details of other protections in force for securing

If you have ticked any of the shaded boxes above, please give details

## Section 7

Please select your chosen currency

For what sum insured is the contract required in respect of:

## Other Security

(a) All external doors

(b) Do you employ wardens to oversee the Collection whilst the premises are open?

YES NO

 

If so, how many?

(c) Do you employ an independent security company to guard the premises whilst they are unoccupied?

 

(d) Are all windows, fanlights and skylights fitted with key operated locks?

 

(e) Is your property protected by any other means?

 

## Amounts to be insured

US Dollars  Canadian Dollars

Other, please state

(a) Property whilst on your premises?

Exhibits

Fixtures and Fittings (including showcases and general contents)

Promotional material and exhibition equipment

Reference libraries

Personal effects

(b) Property whilst in transit within the

U.S.A and / or Canada

Exhibits

Promotional material and exhibition equipment

## Amounts to be insured (continued)

(c) Property whilst in transit outside the U.S.A and / or Canada

Exhibits

Promotional material and exhibition equipment

Please state which countries you expect to travel to during the year

(Continue on a separate sheet if necessary)

(d) Property while away on entrustment to third parties? (Including while away for exhibition or restoration)

Exhibits

Promotional material and exhibition equipment

How is the total given in Question 7 (a), in respect of Exhibits split (in percentages) between the following?

(a) Pictures, paintings, sketches, prints and the like

 %

(b) Porcelain, pottery, ceramics, glass, jade and all other items of a brittle or fragile nature

 %

(c) Clocks, watches, barometers, mobiles, other mechanical art and the like

 %

(d) Gold, Silver and other precious metals (including medals, jewellery and the like)

 %

(e) Books

 %

(f) Classic cars and the like

(No risk whilst under own power)

 %

(g) Statues and sculptures of a non – fragile nature, items of non –precious metals or wood

 %

(h) Antique furniture and the like

 %

(i) Others (please give details in the box below)

 %

100 %

YES NO

Are all the above figures full value?

 

If No, what percentage do they represent of the total values at risk

 %

Continued/...

What was the total value of insured property shipped, during the past twelve months

Method of transit

Valuation

### Section 8

- (a) Name of previous insurers and brokers (if any)
- (b) Date of expiry of previous policy
- (c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the Proposer or any other party to whom this insurance would apply?

### Section 9

If Yes, please state

- (a) approximate date of each loss or damage
- (b) circumstances and amount of each loss or damage
- (c) with whom the property was insured

## Amounts to be insured (continued)

- (a) Within the U.S.A and / or Canada?
- (b) Outside the U.S.A and / or Canada?
- (a) By Registered Mail  %
- (b) By Airfreight  %
- (c) By Road  %
- (d) By Courier  %
- (e) By other means (Please state)  %

Do you have a professional valuation of any of the items listed in Question 7? If Yes, please provide a copy. **YES**  **NO**

## Previous Insurance

YES  NO **If Yes, please give details below**

## Losses

Has the Proposer, or any other party whose property is to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force?

YES  NO

## Section 10

## Other Information

Have you or any principal in the business or any company in which you have an interest ever been convicted of or is any prosecution pending for any offence involving dishonesty of any kind, e.g. arson, fraud, theft or handling stolen goods?

YES  NO

If Yes, please give details

How long have you been established at these premises?  years

Are there any other factors affecting this insurance of which you or any principal in the business or any company in which you have an interest are aware?

YES  NO

If Yes, please give details

Have you or any principal in the business or any company in which you have an interest ever been declared bankrupt, been the subject of bankruptcy proceedings or made any arrangement with creditors?

YES  NO

If Yes, please give details

## Section 11

12 Months from

## Period of Insurance

XX

XX

XXXX

At 12.01am local standard time

## Section 12

## The Declaration

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to void this insurance.

(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relied upon by the underwriters in deciding whether to accept this insurance.

Signature of Proposer

Date

XX

XX

XXXX

Name

Position held

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.



# This page does not form part of the insurance

## Section A

### To be completed by the "retail" producing broker or agent

(a) How long have you known the Proposer(s)?

(b) Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters?

 YES  NO

(c) Have you discussed the contents of this proposal form thoroughly with the Proposer(s)?

 YES  NO

(d) What other insurance do you handle for the Proposer? For how long have you done so?

Signature

Date

  

Company name and address  
(including Zip code)

# This page does not form part of the insurance

## Section B

- (a) Do you recommend the producing agent/broker to underwriters as a producer of high quality business?
- (b) For how long have they produced business to you?

To be completed by the "wholesale" broker or agent if not the direct producer

YES  NO

Signature

Date

Company name and address  
(including Zip code)

# Continuation page

Please use the text box below to continue any questions not completed within the bounds of previous boxes.

Please advise which section you are responding to.