

## **General Details**

| 1.   | Your name a   | nd trading name:  |                |      |         |       |  |
|--|---|---|----------------|------|---------|-------|--|
| 2.   | Address:  |   |                |      |         |       |  |
| 3.   | Telephone:  |   |                | Fax: |         |       |  |
| 4.   | Email:  |   |                |      |         |       |  |
| 5.   | Website:  |   |                |      |         |       |  |
| 6.   | How long ha   | ve you traded from this bus   | siness? Years: |      | Months: |       |  |
|  | a) Previ  | ous address?  | Years:         |      | Months: |       |  |
| <b>7.</b>  | Please indica   | Please indicate which Trade Association you are a member of (if any):     |                |      |         |       |  |
|  |   |   |                |      |         |       |  |
|  |   |   |                |      |         |       |  |
| 8.   | Do you keep   | Do you keep books recording all goods consigned or sale and/or valuation? |                |      | Yes     | No    |  |
| 9.   | Have you pre  | eviously been insured?  |                |      | Yes     | No    |  |
|  | If <b>YES</b> , v   | vith whom?  |                |      |         |       |  |
| 10. Have Lloyds or any other Insurer ever cancelled or refused o issue or to continue with any insurance for you?  Yes |   |   |                |      |         |       |  |
|  |   |   |                |      | No      |       |  |
|  | IT YES, p   | please provide details:   |                |      |         |       |  |
|  |   |   |                |      |         |       |  |
| 11.  | Have you or   | any Director or Partner eve   | er been:       |      |         |       |  |
|  | a) Conviceted of or charged (but not yet tried) with any criminal offence |   |                |      |         | No    |  |
|  | b) Declared Bankrupt or Insolvent?  |   |                |      | Yes     | No No |  |

## **Sums Insured**

|   | STOCK, GOODS IN TRUST  |               |  |  |  |  |  |  |
|---|--|---------------|--|--|--|--|--|--|
|   | Basis of Settlement: Claims under this Section are normally settled on the following basis :                           |               |  |  |  |  |  |  |
|   | (a) Own stock, at Original Cost Price + % <b>OR</b> Selling Price less 25% ( <b>Please indicate your requirement</b> ) |               |  |  |  |  |  |  |
| (b) Property sold but not delivered, at Selling Price |  |               |  |  |  |  |  |  |
|   | (c) Work on consignment - At Artist price + 20%, 30%, 40% (please select as appropriate)                               |               |  |  |  |  |  |  |
|   | (d) Property bought by you on behalf of a client, at purchase price plus any fee or commission pre-agreed in writin    |               |  |  |  |  |  |  |
| 12.   | With the above basis of Settlement in mind, what Stock Sum Insured do you require?                                     | Yes No        |  |  |  |  |  |  |
| 13.   | With the above Sum Insured in mind, please indicate the percentage breakdown of your stock:                            |               |  |  |  |  |  |  |
|   | a) Pictures and the like (including frames)  | %             |  |  |  |  |  |  |
|   | b) Pottery, China, Glass, Terracotta and other brittle articles  | %             |  |  |  |  |  |  |
|   | c) Any other Stock (Please State)  | %             |  |  |  |  |  |  |
|   |  | Total: 100 %  |  |  |  |  |  |  |
| 14.   | Goods in Transit:  |               |  |  |  |  |  |  |
|   | <ul><li>a) What value do you require for Goods carried by you away from your premises?</li><li>\$</li></ul>            |               |  |  |  |  |  |  |
|   | b) Maximum value, any one consignment within Australia by carriers, couriers \$ regularly used for transits:           |               |  |  |  |  |  |  |
|   | c) Maximum value, any one consignment Overseas by carriers, couriers regularly used for transits:                      |               |  |  |  |  |  |  |
| 15.   | Do you require cover for Stock at Fairs / Exhibitions?   | Yes No        |  |  |  |  |  |  |
|   | If <b>YES</b> , please indicate:   |               |  |  |  |  |  |  |
|   | a) Estimated number to be attended in the next 12 months:  |               |  |  |  |  |  |  |
|   | b) The maximum value taken to each: \$   |               |  |  |  |  |  |  |
| <b>~</b> -  | and the African Donate at the m  |               |  |  |  |  |  |  |
| Se  | ecurity/Fire Protection  |               |  |  |  |  |  |  |
| 16.   | Please state the nature of the Buildings' construction (i.e. Brick / Timber / Concrete et                              | c)            |  |  |  |  |  |  |
|   | a) Please indicate approx age of the Building:   |               |  |  |  |  |  |  |
|   | b) Is the Building in a good state of repair?  | Yes No        |  |  |  |  |  |  |
|   | c) Are the premises Occupied at night?   | Yes No        |  |  |  |  |  |  |
|   | If <b>YES</b> , by whom?   | Tennant Other |  |  |  |  |  |  |
| 17.   | Are the Premises Alarmed?  | Yes No        |  |  |  |  |  |  |
|   | If <b>YES</b> , please indicate:   |               |  |  |  |  |  |  |
|   | a) Name of Alarm Company:  |               |  |  |  |  |  |  |
|   | b) Are they an approved organisation?  | Yes No        |  |  |  |  |  |  |
|   | c) What type of alarm connection is provided? Bells Centra   | Station Other |  |  |  |  |  |  |

|        | d) Is   | s the alarm maintained under contract?  | Yes                | No                |
|--------|---|---|--------------------|-------------------|
| 18.    | Is there a Safe pr  | esent on the premises?  | Yes                | No                |
|        | If <b>YES</b> , please  | e provide the Make, Model etc:  |                    |                   |
| 19.    | If any, please adv  | ise how the Display Windows are protected:  |                    |                   |
|        | a) Plate Glas   | S   | Yes                | No                |
|        | b) Bandit Gla   | ss  | Yes                | No                |
|        | c) Laminated  | d Glass (at least 9.5mm)  | Yes                | No                |
|        | d) Internal G   | rille(s)  | Yes                | No                |
|        | e) External G   | Grille(s) or Shutter(s)   | Yes                | No                |
| 20.    | How are doors &   | windows secured and protected?  |                    |                   |
|        | a) External D   | oors:   |                    |                   |
|        | b) External V   | Vindows (other than display windows)  |                    |                   |
| 21.    | Do you have Clos  | ed Circuit Television?  | Yes                | No                |
|        | If <b>YES</b> , is it re  | ecorded?  | Yes                | No                |
| 22.    | 22. Is there Any Other protection in place? (ie Fire extinguishers/Smoke detectors/Hose reels/Sprinklers/Other) |   | Yes                | No                |
|        | If <b>YES</b> , please  | e give details:   |                    |                   |
| 23.    | Do you use Reed   | switches for high value individual items? (ie \$500,000 +)  | Yes                | No                |
|        |   |   |                    |                   |
| De     | claration   |   |                    |                   |
|        |   | tances within your knowledge not already disclosed which would affe<br>and subsequent issue of any Policy? If so, Please state: | ct Insurers decisi | on to accept this |
|        | ou are unsure as t<br>sult us).   | o what constitutes a material fact or feel you need to discuss this asp   | ect or require an  | y help, please    |
| De     | tails   |   |                    |                   |
| Signed |   |   |                    |                   |
| Name   |   |   |                    |                   |
| Date   |   |   |                    |                   |

I/We have read the above and to the best of my/our knowledge and belief, the information provided in this questionnaire, whether in my/our hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of a material fact will render this insurance null and void.