

## Galleries and Dealers Proposal Form

1. Name of Proposer:

2. Name of individual responsible for insurance:

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Address:

City/Town:

State/County:

Country:

4. Full address of any other locations (including storage and private residence where items are located):

5. Number of years at main location:

6. Number of years in business:

7. Type of business:

Painting and the like:	<input type="text"/> %	Non fragile sculptures:	<input type="text"/> %
Furniture:	<input type="text"/> %	Porcelain and Ceramics:	<input type="text"/> %
Glassware:	<input type="text"/> %	Silverware:	<input type="text"/> %
Tapestries and Rugs:	<input type="text"/> %	Books (exc. ref books):	<input type="text"/> %
Fragile Sculptures:	<input type="text"/> %	Other <input type="text"/>	<input type="text"/> %

9. Loss Record over the last 5 years (Even if uninsured):

Burglar alarm system fitted?	<input type="radio"/> Yes	<input type="radio"/> No
Is it central station?	<input type="radio"/> Yes	<input type="radio"/> No
Does it also cover fire?	<input type="radio"/> Yes	<input type="radio"/> No
Do you have fire extinguishers?	<input type="radio"/> Yes	<input type="radio"/> No
Do the premises have sprinklers?	<input type="radio"/> Yes	<input type="radio"/> No
Do the premises have armoured glass show windows?	<input type="radio"/> Yes	<input type="radio"/> No
Do the entrances have roller shutters or similar protections?	<input type="radio"/> Yes	<input type="radio"/> No

11. Please provide any other relevant security details, and the above for all named locations

Currency:

United States Dollars

Main location:

Other named locations:

Transits within USA/Canada:

Unnamed locations USA/Canada:

Transits elsewhere worldwide:

Unnamed worldwide locations:

Furniture/fixtures/fittings:

Reference libraries/Catalogues:

USA/Canada:

Europe:

Japan:

Elsewhere:

14. Basis of valuation required for property owned:

a. Approx. max total value at risk:

b. Approx. average total value at risk:

c. Approx. value of the most expensive item:

16. Please advise the renewal date of existing policy or required inception date:

17. Has any insured cancelled or imposed special conditions on you in the last 5 years?

Yes

No

Please provide details

18. Who is your current carrier?

19. Please advise any other matter in relation to this risk that could be considered as a material fact by underwriters:

20. Disclaimer Text

I agree

Please supply any additional information to support this application

Additionally, please attach any supporting documentation.

Number of documents to be uploaded:

 submit