



1550 Bedford Highway, Suite 815 Bedford, NS B4A 1E6
t: 1-877-343-8224 f: 1-877-432-9822 e: accounts@agileuw.ca
agileuw.ca

Fine Arts Application

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.

Proposer Details

1. Name of proposer: _____
2. Mailing Address: _____
3. Age of proposer: _____
4. Occupation of proposer: _____

Location of Items to be Insured

5. Address (if different from address above)
6. If you wish to include transits (for additional premium), tick the appropriate box.
Domestic Worldwide
7. Territorial limits required for jewellery and furs:
Premises only UK/Europe only USA/Canada only Worldwide

Construction and Use

8. Are the buildings (including outbuildings) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?
Yes No
9. Are the buildings (including outbuildings) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?
Yes No
10. Are the buildings (including outbuildings) a flat or an apartment? (if yes, give the floor) _____
Yes No
11. Are the buildings (including outbuildings) used for any business or professional purposes or open to the public?
Yes No
12. Are the buildings (including outbuildings) regularly left unattended by day or night?
Yes No
13. If you have selected no for question 8 or 9, please give details.

14. If you have selected yes for question 10, 11 or 12, please give details.

Building and Decorating Work

You must contact your broker before entering into any agreement for any work to be carried out at the premises.

15. Do you intend to carry out any work on the premises insured involving outside contractors?

Yes No

16. If yes, give details:

Alarm

17. Give the make of the alarm: _____

18. Is it:

- a. bells only? Yes No
b. connected to the police? Yes No
c. central station? Yes No

19. Does it protect all areas containing the insured items?

Yes No

20. Is the alarm under a maintenance contract?

Yes No

If yes, by whom: _____

Safe*

21. Give the make, model and age of the safe? _____

22. Is it a:

- a. wall safe? Yes No
b. freestanding safe? Yes No
c. underfloor safe? Yes No

23. Weight and dimensions: _____

Other Security

24. Are all final exit doors fitted with a 5 lever mortice deadlock? If no, please give details.

Yes No

25. Are all windows, fanlights, and skylights fitted with key operated locks? If no, please give details.

Yes No

26. Is your property protected by any other means? If yes, please give details.

Yes No

Amounts to be Insured

27. All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.

a. Pictures, paintings, sketches, prints and the like	
b. Books	
c. Statues and sculptures of a non-fragile nature, items of non-precious metals or wood	
d. Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature	
e. Antique furniture	
f. Clocks, watches, barometers, mobiles and other mechanical art	
g. Gold, Silver and other precious metals	
h. Jewellery	
i. Furs	
j. Other items (give details)	

28. Do the amounts insured represent current market value?

Yes No

29. If No, give details

Previous Insurance

30. Name of previous insurers and brokers (if any): _____

31. Date of expiry of previous policy: _____

32. 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 person to whom this insurance would apply?

Yes No

33. If yes, give details:

Losses

34. Has the proposer, or any other person 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

35. If yes, 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: _____

Other Information

36. Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods?

Yes No

37. If Yes, give details: _____

38. Are there any other factors affecting this insurance of which you are aware?

Yes No

39. If Yes, give details: _____

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 avoid 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 _____

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.

Denotes questions that **must be answered by the Assured if Underwriters are to offer non – binding terms on any risks submitted for quotation.*

This page does not form part of the insurance

1. 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. State approximate age(s) of the proposer(s): _____
- e. What other insurance do you handle for the proposer? For how long have you done so?

Signature _____ Date _____

Company name _____

Company address _____

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

- a. Do you recommend the producing agent/broker to underwriters as a producer of high quality business?
Yes No
- b. For how long have they produced business to you? _____

Signature _____ Date _____

Company name _____

Company address _____