



Artinsure Underwriting Managers PTY Limited

Insurance for the Fine Art Exhibition

underwritten by



COVER SUMMARY

The policy has been designed to meet the needs of the Fine Art Exhibition. In accordance with the terms and conditions within this Policy We will insure You against physical loss or physical damage to the Collection. We will insure You during the Period of Insurance for which We have accepted Your premium. We will do this so long as You have paid Your premium and all the terms and conditions of the Policy are complied with.

The policy is underwritten by The Hollard Insurance Company Ltd

Before any question is answered please read carefully the declaration at the end of this proposal which you are required to sign. Please answer all questions in full. Tick Yes/No boxes and initial the bottom of each page in the grey shaded box provided. Please note that if the space provided is insufficient for your answer there is further space provided at the end of the proposal form.

POLICYHOLDER DETAILS		Inception Date:
Company Name:	Contact Name:	
Company Type:	Name of Business:	
Physical Address of the Exhibition (premises):		
		Code:
Postal Address:		
		Code:
Tel. No. :	Fax No.:	E-mail:
Broker :	Please list any relevant association memberships	

AMOUNTS TO BE INSURED

Dates of the exhibition	From To
Set up and take down time required in addition:	
Sum insured required for the exhibition	ZAR
Attach a list of the items to be exhibited	
Maximum limit any one transit that is required	ZAR
If transit cover is required please advise where the items will travel from (city) and the method of transit (air,sea,road)	
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

CONSTRUCTION AND USE OF PREMISES (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
Regularly left unoccupied?	No	Yes
Do you intend to carry out work on the premises insured involving contractors?	No	Yes
Are the premises visible from the street?	Yes	No
Are the premises in an established built up area?	Yes	No
Are there street lights?	Yes	No
Is it a corner stand?	No	Yes
Are the premises in a boomed area?	Yes	No
Are the premises adjacent to any vacant stands	No	Yes
Are the premises within a secure gated complex?	Yes	No
Are the premises near a school, recreational park, sports ground, golf course or shopping center	No	Yes
Is there any construction taking place in the vicinity of the premises?	No	Yes
If you ticked any of the grey shaded boxes in response to the above questions please provide details here. If there is insufficient space please continue on the blank page provided at the end of this proposal form.		

SECURITY MEASURES		
Is the property fully walled with a complete and stable wall?	Yes	No
How high is the wall?		Meters
What types of deterrent toppings are there on the wall?		
If it is electric is it linked to the alarm system?	Yes	No
Do opening windows have bars?	Yes	No
If no which ones?		
Do the windows have any additional locks or covers	Yes	No
Are there any sliding or louver windows?	Yes	No
If yes what protection do they have?		
Do any non opening windows have bars?	Yes	No
If yes which ones?		
Do you have controlled entry by way of a buzzer system on the door through which clients enter?	Yes	No
Do all exterior doors have security gates?	Yes	No
If no which ones do not have security gates.		
Are the premises protected by an alarm system	Yes	No
Is the alarm system linked to an armed response company?	Yes	No
Is the alarm system a siren only?	Yes	No

Who fitted the alarm system?		
When was the alarm system fitted?		
Is the alarm system activated by fixed panic buttons	Yes	No
Is the alarm system activated by remote panic buttons	Yes	No
Is the alarm system activated by passive infra red sensors?	Yes	No
Is the alarm system activated by contact sensors?	Yes	No
Is the alarm system activated by glass break detectors?	Yes	No
Is the alarm system fully operational?	Yes	No
Is there an alarm back up battery	Yes	No
Is the alarm tested regularly	Yes	No
Is an alarm activation report available?	Yes	No
Does the alarm protect all areas containing the insured items?	Yes	No
If you have a safe please specify its make		
How is the safe secured to the property?		

Please note that we may decide to perform a survey at the insured premises at our cost.

PREVIOUS INSURANCE, LOSSES AND OTHER INFORMATION		
Name of previous insurers and brokers including dates:		
Date of expiry of previous policy		
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?		
If yes please provide details here		
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? 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		
Have you, or any other person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods? If Yes, give details	Yes	No
Is there any other factors affecting this insurance of which you are aware? If Yes, give details	Yes	No

ADDITIONAL INFORMATION

If you have been unable to complete your response to any of the above questions in the space provided please use this space.

DECLARATION

You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal 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.) 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 information provided in connection with it forms the basis of the insurance and will be relied upon by the insurers in deciding whether to accept this insurance.

By signing this Proposal Form you consent to our using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary. This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence. You have the right to apply for a copy of your information and to have any inaccuracies corrected.

In terms of policyholder protection legislation, it is an offence for anybody other than the proposer to sign a proposal form and you are reminded that you should not sign any blank or partially completed forms.

I hereby warrant that I am duly and properly authorised to sign this Declaration and Proposal Form for and on behalf of the Proposer

Authorised signature of proposer

Date

COMPLAINTS

Any enquiry or complaint You may have regarding Your Policy, or a claim notified under Your Policy may be addressed to the broker acting on Your behalf or directly to Artinsure at:

Postal address: Artinsure Underwriting Managers PTY Ltd,
PostNet Suite 243, Private Bag X30500, Houghton, 2041

Telephone number: 0861 111096.

If You are not satisfied with the way the complaint has been dealt with You may ask Hollard Insurance Partners to review Your case at:

Postal address: PO Box 87419, Houghton, 2041
Telephone number: (011) 351 1441

If You are not satisfied with the way a claim has been dealt with You may refer Your case to the Short Term Insurance Ombudsman at:

Postal address: PO Box 32334, Braamfontein, 2017
Telephone number: 0860 OMBUDS (0860 662 837)

Please have full Policy details and Policy number with You to enable Your complaint to be dealt with speedily.