

# ITOO Special Risks (Pty) Ltd

Insurance for the Private Collector  
- Proposal Form -



An Authorised Financial Services Provider

## Holland.

Underwritten by The Holland Insurance Co. Ltd,  
an authorised Financial Services Provider

### INTRODUCTION

The policy has been designed to meet the needs of the fine art and antique private collector. In accordance with the terms and conditions within this policy we will insure you against physical loss or physical damage to your collection as specified in the schedule. 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 the premium and all the terms and conditions of the policy are complied with.

The policy is underwritten by The Hollard Insurance Company Limited

**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 there is further space provided at the end of the proposal form.**

### POLICYHOLDER DETAILS

|                                                     |  |                     |       |
|-----------------------------------------------------|--|---------------------|-------|
| Inception Date:                                     |  |                     |       |
| Surname:                                            |  | First Name:         |       |
| Title:                                              |  | ID/Passport Number: |       |
| Physical Address of items to be insured (premises): |  |                     |       |
|                                                     |  | Code:               |       |
| Postal Address:                                     |  |                     | Code: |
| Tel. No. :                                          |  | Fax No.:            |       |
| E-mail:                                             |  | Broker:             |       |

### ADDITIONAL PREMISES WHERE ITEMS ARE TO BE INSURED

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

AMOUNTS TO BE INSURED – 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 fair 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.

|                                                                                          | Total Value |
|------------------------------------------------------------------------------------------|-------------|
| Antique Furniture                                                                        |             |
| Books                                                                                    |             |
| Carpets                                                                                  |             |
| Clocks                                                                                   |             |
| Clocks (small)                                                                           |             |
| Gold Silver and other precious metals                                                    |             |
| Jewellery                                                                                |             |
| Maps                                                                                     |             |
| Metalware                                                                                |             |
| Musical Instruments                                                                      |             |
| Numismatics                                                                              |             |
| Objects of Virtue                                                                        |             |
| Pictures, Paintings, Sketches, Prints and the like                                       |             |
| Philatelic                                                                               |             |
| Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature |             |
| Scientific instruments                                                                   |             |
| Statues and sculptures of a non fragile nature                                           |             |
| Statues and sculptures of a fragile nature                                               |             |
| Small collectibles                                                                       |             |
| Sporting Memorabilia                                                                     |             |
| Other (please provide details)                                                           |             |
| Total Value                                                                              | R           |

TRANSITS – Your property can be insured for transits away from the premises.

|                                                                       |                              |                             |
|-----------------------------------------------------------------------|------------------------------|-----------------------------|
| Would you like a quote for transits ?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specify amount of insurance required for transits within South Africa | ZAR                          |                             |
| Specify amount of insurance required for transits worldwide           | ZAR                          |                             |

DEFECTIVE TITLE – Defective title insurance may be available to meet claims should they arise during the policy period on items purchased during the policy period from members of recognised art and antique associations.

|                                                       |                              |                             |
|-------------------------------------------------------|------------------------------|-----------------------------|
| Would you like a quote for defective title insurance? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specify amount of defective title insurance required  | ZAR                          |                             |

| CONSTRUCTION AND USE OF PREMISES – Are the premises (including outbuildings):                                               |                              |                              |
|-----------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|
| Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair? | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Used for any business or professional purposes or open to the public?                                                       | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Regularly left unattended by night?                                                                                         | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Do you intend to carry out work on the premises insured involving contractors?                                              | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Are the premises visible from the street?                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Are the premises in an established built up area?                                                                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Are there streetlights?                                                                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Is it a corner stand?                                                                                                       | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Are the premises in a boomed area?                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Are the premises adjacent to any vacant stands?                                                                             | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Are the premises within a secure gated complex?                                                                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No  |
| Is the house near a school, recreational park, sports ground, golf course or shopping center?                               | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |
| Is there any construction taking place in the vicinity of the premises?                                                     | <input type="checkbox"/> No  | <input type="checkbox"/> Yes |

[illegible]

| SECURITY MEASURES                                              |                              |                             |
|----------------------------------------------------------------|------------------------------|-----------------------------|
| Is the property fully walled with a complete and stable wall?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How high is the wall?                                          |                              | Metres                      |
| What types of deterrent toppings are there on the wall?        |                              |                             |
| If it is electric is it linked to the alarm system?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do opening windows have bars?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no which ones?                                              |                              |                             |
| Do the windows have any additional locks or covers?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any sliding or louver windows?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes what protection do they have?                           |                              |                             |
| Do any non opening windows have bars?                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes which ones?                                             |                              |                             |
| Do all exterior doors have security gates?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If no which ones do not have security gates?                   |                              |                             |
| Are the premises protected by an alarm system?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system linked to an armed response company?       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system a siren only?                              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Who fitted the alarm system?                                   |                              |                             |
| When was the alarm system fitted?                              |                              |                             |
| Is the alarm system activated by fixed panic buttons?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system activated by remote panic buttons?         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system activated by passive infra red sensors?    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system activated by contact sensors?              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system activated by glass break detectors?        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm system fully operational?                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is there an alarm back up battery?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the alarm tested regularly?                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is an alarm activation report available?                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Does the alarm protect all areas containing the insured items? | <input type="checkbox"/> Yes | <input type="checkbox"/> 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?       |                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? |                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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?                                              |                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, give details                                                                                                                                                                                        |                                                     |                                                          |
|                                                                                                                                                                                                             |                                                     |                                                          |
|                                                                                                                                                                                                             |                                                     |                                                          |
| Is there any other factors affecting this insurance of which you are aware?                                                                                                                                 |                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, give details                                                                                                                                                                                        |                                                     |                                                          |
|                                                                                                                                                                                                             |                                                     |                                                          |
|                                                                                                                                                                                                             |                                                     |                                                          |

| 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. |  |
|                                                                                                                              |  |
|                                                                                                                              |  |
|                                                                                                                              |  |
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# 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 I consent to you using the information that you may hold about me for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about me where this is necessary. I understand and accept that this may mean that you 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 myself, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to you and its use by yourself as set out above. The information provided will be treated in confidence. I 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 it is hereby brought to my attention that I 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 ITOO Special Risks (Pty) Ltd at:

Postal address: PO Box 87419, Houghton 2041

Telephone number: 0861 111 096 Fax: 0866 780 333 Email: [complaints@artinsure.co.za](mailto:complaints@artinsure.co.za)

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.

| DEBIT ORDER INSTRUCTION IN RESPECT OF SHORT TERM INSURANCE TO:<br>THE HOLLARD INSURANCE COMPANY LTD |  |      |  |
|-----------------------------------------------------------------------------------------------------|--|------|--|
| Name (Debtor)                                                                                       |  | Date |  |
| Address                                                                                             |  | Code |  |
| Debit Amount                                                                                        |  |      |  |

| The details of my bank account are as follows |  |                                             |  |
|-----------------------------------------------|--|---------------------------------------------|--|
| Bank                                          |  | Branch/Town                                 |  |
| Branch No.                                    |  | Account name                                |  |
| Account No.                                   |  | Type of A/C - savings, cheque, transmission |  |

I/we hereby request and authorise you or your agent to draw against my/our account with the abovementioned bank (or any other bank or branch to which I/we may transfer my/our account) the sum of \_\_\_\_\_ (state amount in rands) or any variable amount pertaining to this agreement, on the \_\_\_\_ working day (or closest thereto) of each and every month. This being the amount necessary for the payment of the monthly premium payment due to you in respect of the insurance policy number.

All such withdrawals from my/our bank account by you shall be treated as though they had been signed by me/us personally.

I/we the undersigned, “instruct” and authorize you to draw against my/our account with the abovementioned bank, I/we understand that the details of the withdrawals authorized here will be printed on my/our bank statement.

I/we agree to pay any bank charges relating to this debit order instruction.

This authority may be cancelled by means of giving you thirty days notice in writing, sent by prepaid registered post, but I/we understand that I/we shall not be entitled to any refund of amounts, which you have withdrawn whilst this authority was in force if such amounts were legally owing to you.

Assignment: I/We acknowledge that the party hereby authorized to effect the drawing(s) against my/our account may not cede or assign any of its rights and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized party

Signed \_\_\_\_\_ On this \_\_\_\_\_ day of 20 \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE(S) AS USED FOR SIGNING CHEQUES