

ITOO Special Risks (Pty) Ltd

Insurance for Once-Off Exhibition and Transit
- 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 corporate 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:				Insured name:			
Insured ID number or Company Registration number:							
Risk address – Departure:					Code:		
Risk address - Destination: (If more than one leg of transit is required, please provide details of each leg in the space provided below for additional information)					Code:		
Dates of transit (leaving date, arrival date and return dates if applicable)				Leaving date:			
				Arrival date:			
				Return date:			
Who is the professional shipper?							
What mode of transport will be used?		☐ Road ☐ Air ☐ Sea					
Who is the professional packer?							
Detail packing method							
Duration of time at the temporary location. (Start and end dates)							
Is cover required whilst at the temporary location?						☐ Yes ☐ No	
What is the purpose of the temporary relocation? (e.g. Exhibition/ Restoration/ On loan etc)							
What security is in place at the temporary location?							

THE COLLECTION TO BE TRANSPORTED

Please either complete the table below or provide attached list of itemised works and their individual values for insurance purposes

DESCRIPTION OF ITEM	AGREED VALUE
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	

Additional information regarding the transit and/or exhibition:

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

I hereby acknowledge that all premiums must be paid in advance of any cover commencing.

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

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.