

Insurance
Specialty
Fine Art & Specie

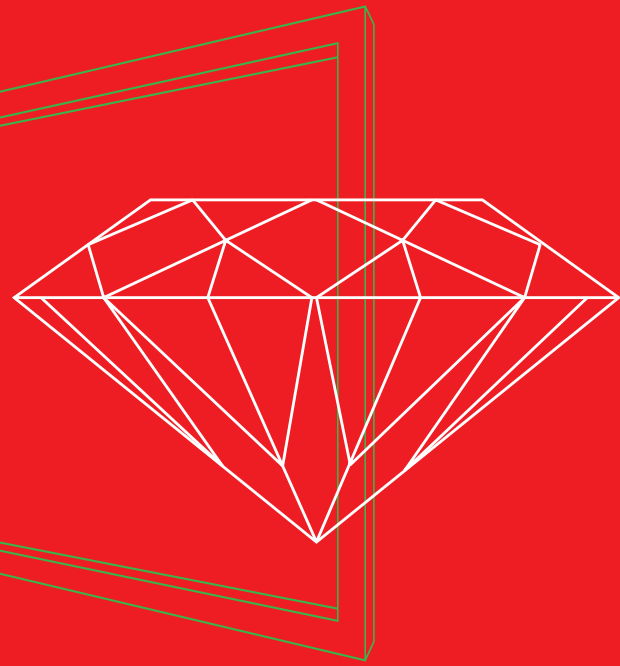


XL CATLIN

Connoisseur
Underwriting

Auctioneer's Proposal Form

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Auctioneer's Insurance Proposal Form

Note: If there is insufficient space to answer any question, please use the additional space allocated towards the end of this document. If you have any doubts as to how to answer a question, please consult your Insurance Broker.

1. Proposer's(s) Details

Name of Proposer*	
Trading Name, if different	
Previous trading name (if none, enter none)*	
Address*	
	Postcode*
Telephone:*	
Email:*	

How many years' have you been in business:

At your present premises?*		Years
Elsewhere?		Years

What Trade Associations are you a member of?

How many employees do you have in the following categories?

Please also state 'full time equivalent' (FTE) numbers:

Clerical*	No: <input type="text"/>	FTE: <input type="text"/>
Manual*	No: <input type="text"/>	FTE: <input type="text"/>

**please insert 0 (zero) into the madatory fields above if not applicable to your business*

Please supply your Employer's Reference Number, the Revenue & Customes PAYE reference

ERN: <input type="text"/>

What is your total payroll?

<input type="text"/> GBP

*** required information required for proposal submission**

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2. Premises

Address of your Main Premises*

	Postcode*

Description of Main premises:*

(e.g. Gallery, Office, Warehouse, Residence)

Additional Premises 1:

	Postcode

Description

Additional Premises 2:

	Postcode

Description

Please provide similar details of any further additional premises separately

Are all of the premises listed above, to the best of your knowledge and after enquiry:

Built entirely of brick, stone or concrete?* Yes No

Roofed entirely with slates, tiles or with concrete?* Yes No

In a good state of repair?* Yes No

In an area susceptible to flooding?* Yes No

With a basement in which Lots are stored?* Yes No

Occupied solely by you?* Yes No

If you have ticked a shaded box, please give details:

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3. Security

Are all external doors fitted with 5 lever mortise deadlocks?*

Yes No

Are all accessible windows fitted with key-operated locks?*

Yes No

Do you have a NSI* (previously NACOSS) or SSIB* approved alarm system?*

**if outside UK, the equivalent national association of alarm installers*

Yes No

Is your alarm maintained under a contract?*

Yes No

Does it cover the whole premises?*

Yes No

What is the signalling method?*(i.e. Bells, digital communicator, Red Care or central station)

None

Please Advise:

How entry/exit to your premises is controlled*

None

The minimum number of employees in your premises at any one time*

Do you keep small items in locked showcases?*

Yes No

Do you have a safe?

Yes No

If you have ticked a shaded box, please give details:

Print additional sheets if necessary

4. Fire And Smoke Protection

Please state the number and type(s) of fire extinguishers

No:

Water Extinguisher(s)

Foam Extinguisher(s)

Dry Powder Extinguisher(s)

CO₂ Extinguisher(s)

Please state the number and type(s) of smoke detectors

No:

Battery operated

Mains-wired smoke detectors with battery back-up

Smoked detectors linked in to intruder alarm system

* required information required for proposal submission

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5. Lots

1. Please state limit required *

GBP

2. Please give an estimate of the division of Lots in an average sale

1. Paintings, Prints and Drawings

%

2. Antiquarian Books and Manuscripts

%

3. Antique Furniture

%

4. Rugs and Tapestries

%

5. Mirrors and Mirror Paintings

%

6. Non-fragile Sculptures and Bronzes

%

7. Ceramics, Glass and other brittle items

%

8. Clocks and Barometers

%

9. Gold, Silver & Plate

%

10. Other (please specify below)

%

Total (100%)

%

3. What is the total value of your commission each year?*

GBP

* required information required for proposal submission

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6. Outside Limit

Please specify the total values of Lots temporarily removed and in transit from your premises at any one time in respect of:

1. Any location/transit, within your country:

Any other location/transit, within Western Europe

Any other location/transit, elsewhere (please specify)

Please advise the approx. total value of annual sendings

Please specify which carriers you use:

Print additional sheets if necessary

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7. Business Contents And Glass

Please state the new replacement cost or, if new replacement is not available, the second hand replacement cost:

- | | |
|--|----------------------------------|
| 1. General Contents, including office furniture, showcases, carpets, curtains and other furnishings * | <input type="text" value="GBP"/> |
| 2. Non-portable electronic equipment* | <input type="text" value="GBP"/> |
| 3. Laptop computers and other portable electronic equipment* | <input type="text" value="GBP"/> |
| 4. Your library* | <input type="text" value="GBP"/> |
| 5. If your premises are rented, any improvements you or previous tenants have made to the property which are not the responsibility of or insured by the freeholder* | <input type="text" value="GBP"/> |
| 6. If your premises are rented, cover for plate glass windows which are not the responsibility of or insured by the freeholder* | <input type="text" value="GBP"/> |
| 7. Cash* ** | <input type="text" value="GBP"/> |

**We grant the standard limit of £5,000. If higher limits are required, we would normally apply special conditions

8. Business Interruption

- | | |
|---|-------------------------------------|
| What is your annual turnover?* | <input type="text" value="GBP"/> |
| What is your annual gross profit:* | <input type="text" value="GBP"/> |
| How long would you like the indemnity period to be?* (Maximum: 24 months) | <input type="text" value="Months"/> |

* required information required for proposal submission

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9. Insurance History

Have you or any director or partner in this or any previous business:

1. Been insured for any of the risks proposed?*

Yes No

If Yes, who was the Insurer?:

2. Had any insurance refused, restrictions or special terms imposed, or been asked to take extra precautions?*

Yes No

If Yes, please give details:

3. Sustained loss or damage in the last six years by any of the risks you now wish to insure?*

Yes No

If Yes, please give details:

4. Been convicted of, or charged with but not yet tried for, arson or any offence involving dishonesty of any kind such as fraud, robbery, theft or handling stolen goods?*

Yes No

If Yes, please give details:

Print additional sheets if necessary

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Your Duty To Disclose Material Facts

To help us assess the risk you are proposing we insure, you are legally obliged to tell us anything material relating to the risk of which you are aware. This information will form the basis of the insurance contract between us.

Information is material to a risk if a reasonable insurer who was told it would either decline to insure the risk, or insure it on different terms. If you have any doubt whether something might be material, you should tell us or your insurance advisor.

If you do not tell us everything material of which you are aware, we may be entitled to decline all or part of any claim you may make, or to cancel this contract from inception and return your premium.

Your obligation to tell us material information is not restricted by the questions in the proposal form. In other words, you cannot excuse your failure to tell us something material just because we may not have asked you the right questions. It is up to you to tell us before we ask.

Law Applicable To This Contract

The parties to this contract have the right to choose the law that will apply to it. We propose that English Law will apply.

Complaints Procedure

We aim to provide a high standard of service that will leave you with no cause for complaint. However, if you ever feel that we have not met the standard you would expect of us, any enquiry or complaint regarding your policy or a claim under it may be addressed to the insurance advisor acting for you, or to Lloyd's Complaints Department at the address below. team at Lloyd's. The contact details are:

Lloyd's Complaints Department,

Lloyd's,
One Lime Street,
London EC3M 7HA

Tel: +44 (0)20 7327 5693;

Fax: +44 (0)20 7327 5225;

E-mail: complaints@Lloyds.com

*Please have details of the policy, including your policy number, available to enable the enquiry to be dealt with speedily.
The contact details are:*

If you consider the matter unresolved, you may ask the Financial Ombudsman to review your case.

Financial Ombudsman Services (FOS)

South Quay Plaza
183 Marsh Wall
London E14 9SR

E-mail: complaint.info@financial-ombudsman.org.uk

Tel: +22 (0)845 080 1800

You may also contact the Association of British Insurers for advice.

The Association of British Insurers

Consumer Information Department
51 Gresham Street
London EC3V 7HQ
Tel: +44 (0)20 7600 3333

Please note that the Ombudsman will not consider your complaint until you have first written to us and received our final decision. Also, the Ombudsman scheme does not apply to Commercial Insurance, and commercial policyholders should contact the Association of British Insurers for assistance.

We are covered by the Financial Services Compensation Scheme (FSCS). You may be entitled to compensation from the scheme in the unlikely event that we cannot meet our liabilities.

Nothing in this process will adversely affect any right of action which you or any other insured may have against us.



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Additional information

Use the space provided below to disclose any additional information that has not been disclosed elsewhere on this proposal form.



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Declaration

Signing this form does not conclude a contract of insurance or oblige insurers to issue a policy. However, I agree that this form shall be the basis of the contract between me and you should a policy be issued, and I declare that to the best of my knowledge and belief the information given is accurate and that no material information has been withheld. I agree that if the information given was provided to you by any person other than myself, that person shall be deemed to have been my agent for the purpose of providing that information. I also agree to maintain the sums insured at the level advised by me, and that I shall inform my insurance broker of any substantial change (over 10%) in the sums insured as soon as practicable.

Dated*

Signature of Proposer*

* required for submission

Auctioneer's Policy
from XL Syndicate 1209 at Lloyd's
in association with:

Connoisseur
Underwriting

Bespoke, flexible and above all, affordable insurance

South House
21 - 37 South Street
Dorking
Surrey
RH4 2JZ
Tel: 01306 740 555