


ART INSURANCE - PROPOSAL FORM
A Name of Proposer

Name:

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(First Name) (Middle Name) (Last Name)

Address Of Proposer:

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 Pin Code:

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Telephone No.:

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 Fax No.:

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 Website:

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E-mail:

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Period of Insurance From:

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 To:

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B Business Of Proposer

Please select applicable option from below regarding business and nature of occupancy

- | | | |
|----------------------------------|------------------------------|-----------------------------|
| 1. Corporate Collector | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Private Collector | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. Fine Art Dealer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Museums | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Antique Dealer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Auctioneer | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Others (Please specify) _____ | | |

C Location of risk to be covered full postal address with pin code (If multiple locations, please provide details for all locations)

Address - full postal address with pin code	Nature of business/ Occupancy in premises
1.	
2.	
3.	

D Sum 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.

List of Items to be Insured	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	

E Please specify for below with limits, if applicable

Geographical Limit	India / Worldwide
Sublimits	Rs.
Transit	
Entrustment - Property of others or with others	
Entrustment - Property in custody of directors / employees etc	
Postal Sending	

F Do you wish to opt for below add-ons:

1. Automatic reinstatement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limits Rs.	<input type="text"/>
2. Replacement of Keys and Locks	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limits Rs.	<input type="text"/>
3. Temporary Storage Costs	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limits Rs.	<input type="text"/>
4. Agreed Bank Clause	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
5. Defective Title	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limits Rs.	<input type="text"/>
6. Exhibitions Extension	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Limits Rs.	<input type="text"/>

Dates of the exhibition

From: To:

Set up and take down time required in addition (in Duration of cover)

Attach a list of the items to be exhibited

Maximum limit any one transit that is required

Rs.

In case of transit cover please advise where the items will travel from (city) and the mode of transit (air,sea,road)

G Construction and Use of Premises: Are the premises (including outbuildings):

Type of construction

Used for any business or professional purposes or open to the public?

No Yes

Regularly left unattended by night?

No Yes

Do you intend to carry out work on the premises insured involving contractors?

No Yes

What is surrounding occupancy

H Security Measures

Whether 24 hours security available

Yes No

If not, please specify the security available

In case Insured's own security guards please specify if on rolls or on contract

If electronic / electric security features / devices available within premises

Yes No

If yes, please provide details there of

Are these equipments under a maintenance contract?

Yes No

If Yes, by whom?

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

Is there any other factors affecting this insurance of which you are aware?

Yes No

If Yes, give details

I Previous Insurance, Losses And Other Information

Whether you have insured the same property with any other Insurance Company with the same type of coverage. (Give details for Premium / Claim for the past 36 months excluding the expiring policy period)	Year	Value Insured	Premium	Claim
Have you approached any other Insurance Co. for Insurance Cover in respect of this Proposal?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
If yes, please state name of the Insurance Company.				
Has any such proposal been				
a) declined?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
b) withdrawn?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	
c) accepted subject to an increased rate or special conditions?	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

I/We hereby declare and warrant that the above statements are true and complete and that I/We have withheld no information whatsoever which is material for the acceptance of this proposal.

I/We agree that this declaration and the answers given above shall be the basis of the contract between me/us and the Company and shall be deemed to be incorporated in such contract. And that if any untrue statement be contained therein the said contract shall be absolutely null and void. I/We undertake to exercise all reasonable and ordinary precaution for the safety of the Work of Art and I/We agree to accept the policy in the form issued by the Company subject to the terms exceptions and conditions prescribed therein or endorsed on the policy.

I, hereby grant consent to Agent/Broker/Corporate Agent or any other licensed intermediary to share my KYC (Know your Customer) and customer due diligence information with HDFC ERGO General Insurance Company Limited for the purpose of my insurance proposal.

Place _____

Dated:

Signature

If the space above is insufficient for any answer please continue on separate sheet and attach hereto.

PROHIBITION OF REBATES

Section 41 of the Insurance Act 1938

- (1) No person shall allow or offer to allow, either directly or indirectly as an Inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept rebate except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
- (2) Any person making default in complying with the provisions of this Section shall be punishable with fine which may extend to five hundred rupees.

PREMIUM DETAILS

Amount (Rs) _____ Rupees _____

MODE OF PAYMENTS

Bank Account No.

Branch Name & Address :

Instrument No. Instrument Date :

Note : The liability of the Company does not commence until the acceptance of the proposal has been formally intimated by the Company and full premium has been realised by the Company.