



**FINE ART COLLECTORS AND JEWELLERY AND FURS**

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

<b>1. PROPOSER שם מבקש הביטוח</b>		
Title (Mr/Mrs/Miss) Other (please state)	Surname	First names
Address (for correspondence) כתובת		Postal/zip Code מיקוד
Age of proposer גיל	Occupation of proposer מקצוע	Nationality of proposer אזרחות

<b>2. LOCATION OF ITEMS TO BE INSURED מיקום נשוא הביטוח</b>	
Address (if different to the address above) כתובת במידה ושונה מהכתובת שרשומה למעלה	Postal/zip Code מיקוד
<input type="radio"/> Domestic בארץ <input type="radio"/> Worldwide עולמי	
If you wish to include transits (for additional premium) tick the appropriate box. טלטול	

<b>3. TERRITORIAL LIMITS REQUIRED FOR JEWELLERY AND FURS גבולות כיסוי גאוגרפי</b>			
<input type="radio"/> Premises only	<input type="radio"/> UK/Europe only	<input type="radio"/> USA/Canada only	<input type="radio"/> Worldwide

<b>4. CONSTRUCTION AND USE המבנה ושימוש</b>		
Are the buildings (including outbuildings):		
(a)	Built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?	<input type="radio"/> YES <input type="radio"/> NO
(b)	In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?	<input type="radio"/> YES <input type="radio"/> NO
(c)	A flat or an apartment? (If yes, give the floor) _____	<input type="radio"/> YES <input type="radio"/> NO
(d)	Used for any business or professional purposes or open to the public?	<input type="radio"/> YES <input type="radio"/> NO
(e)	Regularly left unattended by day or night?	<input type="radio"/> YES <input type="radio"/> NO
If you have ticked any of the shaded boxes give details (Continue on a separate sheet if necessary)		

<b>5. BUILDING AND DECORATING WORK בניה ועיצוב / שיפוץ</b>	
You must contact your broker before entering into any agreement for any work to be carried out at the premises	
Do you intend to carry out any work on the premises insured involving outside contractors?	<input type="radio"/> YES <input type="radio"/> NO
If Yes, give details (Continue on a separate sheet if necessary)	



<b>6. ALARM</b> פרטי מערכת אזעקה	
(a)	Give the make of the alarm _____
(b)	Is it:
	(i) bells only? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
	(ii) connected to the police? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
	(iii) central station? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
(c)	Does it protect all areas containing the insured items? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
(d)	Is the alarm under a maintenance contract? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
If Yes, by whom?	

<b>7. SAFE</b> פרטי כספות	
(a)	Give the make, model and age of the safe _____
(b)	Is it a:
	(i) wall safe? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
	(ii) freestanding safe? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
	(iii) underfloor safe? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
(c)	Weight and dimensions:

<b>8. OTHER SECURITY</b> מיגונים נוספים	
(a)	Are all final exit doors fitted with a 5 lever mortice deadlock? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
(b)	Are all windows, fanlights and skylights fitted with key operated locks? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
(c)	Is your property protected by hurricane glass or hurricane shutters? <span style="float: right;"><input type="radio"/> YES <input type="radio"/> NO</span>
If you have ticked any of the shaded boxes, give details (Continue on a separate sheet if necessary)	



← **9. AMOUNTS TO BE INSURED סכומי הביטוח**

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 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.

<b>(a)</b>	Pictures, paintings, sketches, prints and the like
<b>(b)</b>	Books
<b>(c)</b>	Statues and sculptures of a non-fragile nature, items of non-precious metals or wood פסלים שהם לא שבירים ולא עשויים ממתכות יקרי ערך
<b>(d)</b>	Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature
<b>(e)</b>	Antique furniture
<b>(f)</b>	Clocks, watches, barometers, mobiles and other mechanical art
<b>(g)</b>	Gold, Silver and other precious metals
<b>(h)</b>	Jewellery
<b>(i)</b>	Furs פרווה
<b>(j)</b>	Other items (give details)
(Continue on a separate sheet if necessary)	

Do the amounts insured represent current market value? האם סכומי הביטוח משקפים ערך שיווק עדכני	<input type="radio"/> YES <input type="radio"/> NO
If No, give details (Continue on a separate sheet if necessary)	



<b>← 10. PREVIOUS INSURANCE ביטוחים קודמים</b>	
(a)	Name of previous insurers and brokers (if any) _____
(b)	Date of expiry of previous policy תאריך פג תוקף הפוליסה הקודמת _____
(c)	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? האם אי פעם סירבו לתת הצעה <input type="radio"/> YES <input type="radio"/> NO
If Yes, give details מדוע אם כן, (Continue on a separate sheet if necessary)	

<b>← 11. LOSSES תביעות</b>	
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="radio"/> YES <input type="radio"/> 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 _____

<b>← 12. OTHER INFORMATION מידע נוסף</b>	
Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods? <input type="radio"/> YES <input type="radio"/> NO	
If Yes, give details (Continue on a separate sheet if necessary)	
Are there any other factors affecting this insurance of which you are aware? <input type="radio"/> YES <input type="radio"/> NO	
If Yes, give details (Continue on a separate sheet if necessary)	



<p>⬅ <b>DECLARATION הצהרת מבוטח</b></p>		
<p><b>You must read this before signing below.</b></p>		
<p>To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, 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</p>		
<p>(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 in the space below).</p>		
<p> </p>		
<p> </p>		
<p>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 statements made herein and the information provided in connection with it will be relied upon by the underwriters in deciding whether to accept this insurance.</p>		
<p><b>X</b></p>	<p> </p>	<p> </p>
<p>Signature of proposer</p>	<p> </p>	<p>Date</p>
<p>You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.</p>		
<p><b>You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.</b></p>		



**THIS PAGE DOES NOT FORM PART OF THE INSURANCE**

**TO BE COMPLETED BY THE "RETAIL" PRODUCING BROKER OR AGENT**

(a)	How long have you known the proposer(s)? _____	
(b)	Do you personally recommend the proposed insured(s) as suitable for insurance by underwriters?	<input type="radio"/> YES <input type="radio"/> NO
(c)	Have you discussed the contents of this proposal form thoroughly with the proposer(s)?	<input type="radio"/> YES <input type="radio"/> NO
(d)	State approximate age(s) of the proposer(s) _____	
(e)	What other insurance do you handle for the proposer? For how long have you done so? _____ _____ _____	
<b>X</b>		
	Signature	Date
Print or type company name and address		
		Postal Code

**TO BE COMPLETED BY THE "WHOLESALE" BROKER OR AGENT IF NOT THE DIRECT PRODUCER**

(a)	Do you recommend the producing agent/broker to underwriters as a producer of high quality business? <input type="radio"/> YES <input type="radio"/> NO	
(b)	For how long have they produced business to you? _____	
<b>X</b>		
	Signature	Date
Print or type company name and address		
		Postal Code