

Private Fine Art Insurance Form

Please complete and return this proposal form via email using the contact details on page 3. Answer all questions in full.

Before completing this form you must read page 3, as a requirement of the Insurance Contract Act.

Your Duty to take Reasonable Care not to Misrepresent

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy. This means that it is essential that You respond to specific questions that We ask honestly and to the best of Your knowledge, including where We ask You to confirm or update information that You have previously given to Us when entering into, varying, extending or renewing the Policy.

To assist You with providing Us with honest and accurate responses to any questions We ask of You, We have endeavoured to ensure that any question We ask are clear and easy to understand. Further, where possible, We have also included examples of the types of responses We are looking for when asking a particular question.

If You are unclear of any particular question or would like Us to explain it to You, please get in touch with Us and We will explain this to You.

In determining whether You have fulfilled this duty to take reasonable care not to make a misrepresentation to Us, We will consider all of the relevant circumstances of a particular case. If You do not respond honestly and accurately to specific questions that We ask, We may (acting reasonably) cancel Your contract or reduce the amount We will pay You if You make a claim, or both. It is therefore vital that You be honest and specific in Your responses. If Your failure to tell Us is fraudulent, We will refuse to pay a claim and treat the Policy as if it never existed (this does not mean that We will refund any premiums that You have already paid).

Subrogation and non-admission

The policy/ policies contain provisions which have the effect of excluding or limiting the insurer's liability in respect of a loss, where you have admitted liability or prejudiced the insurer's rights of subrogation. This may occur where you are a party to an agreement which excludes or limits an insurer's rights to recover the loss from another party.

1. Personal Details

Insured Name

ABN (if applicable)

Full Business Description (if applicable)

Risk address

Suburb State Postcode

Phone Mobile

Email Fax

Occupation

Postal Address if different from above

Suburb State Postcode

2. Risk address

Is the main residence?

- (a) built of brick, stone or concrete Yes No
- (b) roofed with slate, file, asphalt, metal or concrete? Yes No
- (c) is in good condition/repair Yes No
 If you have answered "no" to any of the above, please provide full details

- (d) do you have additional locations that you require to be covered by this policy? Yes No
 If "yes", please complete the "Additional Location Sheet" attached for each additional location

3. Protection at risk address

- (a) is a burglar alarm fitted? Yes No
- (b) is the alarm connected to a police and/or central station? Yes No
- (c) is the alarm maintained under a contract? Yes No

(d) state types of locks on all external doors, e.g. five lever mortice deadlock, etc

(e) state types of locks on all accessible windows and skylights, e.g. screw or key operated, etc

(f) please advise whether the following are present

- Fire Extinguishers Fire Alarms Smoke Detectors Others (please specify)

- (g) are the fire alarms/smoke detectors connected to a central station/monitored alarm? Yes No

4. Collection

Please provide the total sums to be insured for the following categories (In Australian Dollars):
 Please attached a breakdown (Schedule) of all items and values that make up the total sums to be insured

Pictures and painting	\$	Drawings, prints, books and the like	\$
Antique Furniture	\$	Antique clocks, watches and other mechanical artifacts	\$
Ceramics, porcelain, glass and other items of brittle or fragile nature	\$	Non fragile sculptures	\$
Fragile sculptures	\$	Gold, silver and other precious metals	\$ Other
Jewellery	\$	Valuables/collectibles (Please specify below)	

What is the value of the single most valuable item in your collection? \$

5. Previous insurance

Have you or any member of your immediate family/household ever sustained any loss or losses which would have been covered by this type of insurance had it been in force? Yes No

If “yes”, please provide full details for each incident and give the approximate date, brief circumstances and amount

Circumstances	Date	Amount
		\$
		\$
		\$
		\$

Name of current insurer (if any)

Name of current broker (if any)

Expiry date of current policy

Has any insurer declined to accept/cancelled/refused to continue or agreed to continue on special terms any insurance for you or any other person to whom this insurance would apply? Yes No

If “yes”, please provide full details

Short Form Privacy Disclosure and Consent Application/ Claim Forms

1. One Underwriting Pty Ltd is committed to protecting Your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer Our various insurance services We are involved in as set out in the One Underwriting Privacy Notice. In order to do this, We may also share Your information with other persons or entities who assist Us in providing or promoting Our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to You on request by Your One Underwriting representative. You may also gain access to Your personal information, or modify Your privacy preferences, by contacting Your One Underwriting representative or Our Privacy Officer through the means set out in the One Underwriting Privacy Notice.

2. If You are disclosing personal or sensitive information about any other person to One Underwriting, You confirm that You have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and You have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If You have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, You will inform Us before providing the relevant information to Us.

By submitting this Quotation & Proposal, You acknowledge that You have read the [One Underwriting Privacy Notice](#) and agree that We can handle any personal information You have provided to Us in the manner set out above.

I agree for One Underwriting Pty Ltd or Aon to send me information about its goods, services and promotions via email or phone.

6. Declaration and Signature

You must tell us anything that you know, or should know, could affect our insurer's decision to insure you and/or the terms on which they insure you. You must do this when you apply, renew your policy, or when you change or re-instate your policy. When we ask specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way. These requirements are part of the Insurance Contracts Act 1984.

I hereby acknowledge that I have complied with the duty of disclosure which is stated above. I confirm that the answers and statements in this proposal are correct and that no information has been withheld which may affect your decision to accept this proposal or the terms of the proposed Policy.

Signature

Date

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Important Notices

1. This Insurance is underwritten by Certain Underwriters at Lloyd's, with its registered address in Australia at Level 16, 1 Macquarie Place, Sydney NSW 2000. Telephone (02 8298 0783).
2. One Underwriting acts as an agent of Certain Underwriters at Lloyd's in arranging and entering into this insurance, not the Insured.
3. This quotation is valid only for a period of thirty (30) days and may be withdrawn or varied at any time by Us.
4. By submitting the request for quotation You confirm that You have read and agree to the terms of the [Privacy Notice](#) and [Terms of Business](#) sent to You by Us.
5. In submitting this information You are acting as agent of the proposed insured(s) and are doing so on their behalf.

Your Premium Calculation

The key factors that affect your premium are reflected in the questions asked in this document and the information sought at the time of taking out your insurance.

Complaint and Dispute Resolution

Any enquiry or complaint relating to your policy or a claim should be address to your Client Relationship Manager in the first instance. If your complaint is not satisfactorily resolved within 5 working days, please contact One Underwriting's National Complaints Manager, who will attempt to resolve it in accordance with our Complaints and Disputes Handling Policy. You may obtain a copy of this policy from the National Complaints Manager or from our website: www.oneunderwriting.com.au

If you are still not satisfied with the outcome determined within 10 working days, you should contact Lloyd's Australia Limited. Telephone Number: (02) 8298 0783. Email: idraustralia@lloyds.com. Post: Suite 1603 Level 16, 1 Macquarie Place, Sydney NSW 2000. If your concern is with the Insurer, you may contact the Australian Financial Complaints Authority by calling 1800 931 678.

General Insurance Code of Practice

One Underwriting is bound by the General Insurance Code of Practice and have processes in place to adhere to the requirements of the Code. All details relating to the Code can be found at www.codeofpractice.com.au

FORM SUBMISSION DETAILS

Please return this proposal form via post or email using the following contact details:

Privacy policy. At One Underwriting We take privacy very seriously. For full details please refer to oneunderwriting.com.au/privacy One Underwriting
ABN 50 006 767 540 AFSL 236 653
GPO Box 65 Brisbane QLD 4001

Additional Location(s) (Please complete if applicable)

7. Premises

Address

Suburb

State

Postcode

Is this additional location:

(a) built of brick, stone or concrete Yes No

(b) roofed with slate, file, asphalt, metal or concrete? Yes No

(c) is in good condition/repair Yes No

If you have answered "no" to any of the above, please provide details

8. Protection

(a) is a burglar alarm fitted? Yes No

(b) is the alarm connected to a police and/or central station? Yes No

(c) is the alarm maintained under a contract? Yes No

(d) state types of locks on all external doors, e.g. five lever mortice deadlock, etc

(e) state types of locks on all accessible windows and skylights, e.g. screw or key operated, etc

(f) please advise whether the following are present

Fire Extinguishers Fire Alarms Smoke Detectors Others (please specify)

(g) are the fire alarms/smoke detectors connected to a central station/monitored alarm? Yes No