

# Private Fine Art Insurance Form

**Please complete and return this proposal form via post or email using the contact details on page six. Answer all questions in full. Before completing this form you must read pages five as a requirement of the Insurance Contracts Act.**

## Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (ICth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance. You do not need to tell the insurer anything that:

- Reduces the risk that is insured
- Is common knowledge
- Your insurer knows or should know as an insurer, or
- The insurer waives compliance with your duty of disclosure

If you are uncertain about whether or not a matter should be disclosed to the insurer, please contact your Aon client manager.

## Non-Disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract, or reduce the amount it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

## 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

Full Business Description

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, tile, asphalt, metal or concrete?

Yes

No

c. In good condition and/or 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 attached Additional Location Sheet 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. List the types of locks on all external doors, e.g., five lever mortice deadlock and so on:

- e. List the types of locks on all accessible windows and skylights, e.g., screw or key-operated, and so on:

- f. Please advise whether the following are present:

- Fire extinguishers     Fire alarms     Smoke detectors  
 Other (please specify)

- g. Are the fire alarms and/or smoke detectors connected to a central station and/or 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 paintings	\$	<input style="width: 95%;" type="text"/>
Drawings, prints, books and the like	\$	<input style="width: 95%;" type="text"/>
Antique furniture	\$	<input style="width: 95%;" type="text"/>
Antique clocks, watches and other mechanical artefacts	\$	<input style="width: 95%;" type="text"/>
Ceramics, porcelain, glass and other items of brittle or fragile nature	\$	<input style="width: 95%;" type="text"/>
Non-fragile sculptures	\$	<input style="width: 95%;" type="text"/>
Fragile sculptures	\$	<input style="width: 95%;" type="text"/>

Gold, silver and other precious metals \$

Jewellery \$

Other valuables and/or 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 or 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 and/or cancelled and/or refused to continue and/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:

## 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 reinstate 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

Aon has always valued the privacy of personal information. If you would like a copy of our privacy policy, you can contact us or access it from our website at [aon.com.au](http://aon.com.au).

## 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.

## Terms of Credit

Our terms of credit for clients are indicated on the invoice provided upon entering into the insurance contract. Aon is conscious of occasional hardship and understands the need to refer clients, if considered appropriate, to the Australian Financial Counsellors and Credit Reform Association. Aon acts in accordance with the requirements of ACCC and ASIC debt collection guidelines for collectors and creditors to arrange for the collection of outstanding amounts.

## Complaint and Dispute Resolution

Any complaint relating to this insurance can be lodged with Aon's complaints team as follows:

The Complaints Officer  
Aon Corporation Australia Pty Ltd  
Level 33, 201 Kent St, Sydney NSW 2000  
Tel: 02 9253 7000  
Email: [au.compliance@aon.com](mailto:au.compliance@aon.com)

Complaints that cannot be resolved via the relevant complaints process may be referred to the Australian Financial Complaints Authority, the details of which are noted below:

Australian Financial Complaints Authority  
GPO Box 3, Melbourne VIC 3001  
Web: [www.afca.org.au](http://www.afca.org.au)  
Email: [info@afca.org.au](mailto:info@afca.org.au)  
Tel: 1800 931 678

## General Insurance Code of Practice

This form is compliant with the Insurance Council of Australia's General Insurance Code of Practice. XL Insurance Company SE, Australia Branch proudly supports the General Insurance Code of Practice. The purpose of the code is to raise standards of practice and service in the general insurance industry. All details relating to the code can be found at [www.codeofpractice.com.au](http://www.codeofpractice.com.au)

## Form Submission

Please return this proposal form using the following contact information:

Georgia Cragg  
02 9253 7224  
[georgia.cragg@aon.com](mailto:georgia.cragg@aon.com)

Jayne Marsh  
02 8623 4225  
[jayne.marsh@aon.com](mailto:jayne.marsh@aon.com)

Aon Risk Solutions  
201 Kent Street  
Sydney, NSW 2000

## Additional Location(s) (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, tile, asphalt, metal or concrete?  Yes  No
- c. In good condition and/or 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. List the types of locks on all external doors, e.g., five lever mortice deadlock and so on:

e. List the types of locks on all accessible windows and skylights, e.g., screw or key operated, and so on:

f. Please advise whether the following are present:

- Fire extinguishers  Fire alarms  Smoke detectors
- Other (please specify)

- g. Are the fire alarms and smoke detectors connected to a central station and/or monitored alarm?  Yes  No