

**Insurance Speciality
Fine Art & Specie**

XL Catlin Insurance Company UK Limited
Connoisseur Underwriting

**Auctioneers
Proposal Form**





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:

FTE:

Manual*

No:

FTE:

**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:

What is your total payroll?

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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Dealers Insurance Proposal Form

2a. Premises Buildings Insurance - Main Premises

Please advise the following additional information only if you require Buildings Insurance. For additional premises please complete section 2b, as required

You are strongly recommended to obtain a professional valuation of the premises, especially with older or listed properties

Are there any special features of your premises, for which you would like an agreed value - e.g. Mantlepieces, Artwork affixed to the buildings and so forth?

Item	Replacement Value GBP (£)
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>
<input type="text"/>	GBP <input type="text"/>

Print additional sheets if necessary

Do any of the Buildings show signs of cracks? Yes No

Are any of the Buildings listed? Yes No

If , please indicate which Grade: Grade II Grade II* Grade 1

Have you ever obtained a valuer's report for the building(s)? Yes No

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

Print additional sheets if necessary



Dealers Insurance Proposal Form

2b. Premises Buildings Insurance - Additional Premises 1

Please advise the following only if you have completed section 2a and require Buildings Insurance for an additional premises that you indicated in Section 2, Premises

You are strongly recommended to obtain a professional valuation of the premises, especially with older or listed properties

Are there any special features of your premises, for which you would like an agreed value - e.g. Mantlepieces, Artwork affixed to the buildings and so forth?

Item	Replacement Value GBP (£)
	GBP
	GBP
	GBP
	GBP
	GBP
	GBP
	GBP
	GBP
	GBP

Print additional sheets if necessary

Do any of the Buildings show signs of cracks? Yes No

Are any of the Buildings listed? Yes No

If **Yes**, please indicate which Grade: Grade II Grade II* Grade 1

Have you ever obtained a valuer's report for the building(s)? Yes No

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

Print additional sheets if necessary



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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?*

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

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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:	<input type="text" value="GBP"/>
	Any other location/transit, within Western Europe	<input type="text" value="GBP"/>
	Any other location/transit, elsewhere (please specify)	<input type="text" value="GBP"/>
	Please advise the approx. total value of annual sendings	<input type="text" value="GBP"/>

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 are dedicated to providing a high quality service and we want to ensure that we maintain this at all times.

If you have any questions or concerns about the policy or the handling of a claim please contact your broker through whom this policy was arranged.

If you wish to make a complaint you can do so at any time by referring the matter to:

Complaints Department

XL Catlin Services SE, UK Branch

20 Gracechurch Street

London

EC3V 0BG

Tel Number: +44 (0)20 7743 8487

Email: axaxlukcomplaints@axaxl.com

XL Catlin Services SE acts on behalf of XL Catlin Insurance Company UK Limited in the administration of complaints.

The complaint will be acknowledged, in writing, within two weeks of it being made.

If you remain dissatisfied after the Complaints Manager has considered your complaint, or you have not received a final decision within eight (8) weeks, you can refer your complaint to the Financial Ombudsman Service at:

Exchange Tower

London

E14 9SR

Email: complaint.info@financial-ombudsman.org.uk

Tel Number: **From within the United Kingdom**

0800 0234 567

calls to this number are free on mobiles and landlines

0300 1239 123

calls to this number costs no more than calls to 01 and 02 numbers

From outside the United Kingdom

+44 (0)20 7964 0500

Fax Number: +44 (0)20 7964 1001

Text Number: **07860 027 586** Call Back Service

The Financial Ombudsman Service can look into most complaints from consumers and small businesses. For more information contact them on the above number or address, or view their website: www.financial-ombudsman.org.uk

The European Commission also provides an on-line dispute resolution (ODR) platform that allows consumers to submit their complaint through a central site, which will forward the complaint to the right Alternative Dispute Resolution (ADR) scheme. The ADR scheme for XL Catlin Insurance Company UK Limited is the Financial Ombudsman Service, which can be contacted directly using the contact details above. For more information about ODR please visit <https://ec.europa.eu/odr>



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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



Auctioneers Policy (inc Professional Indemnity)
from XL Catlin Insurance Company UK Limited
in association with:

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