

## PROPOSAL FORM FOR FINE ART PACKERS AND SHIPPERS INSURANCE

### IMPORTANT INFORMATION

#### COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices at the end of this proposal, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this form.

- Please answer all questions fully
- If insufficient space is provided, please give your answer on a separate sheet of paper.

**If you have any difficulties completing this form, please contact your broker or insurance adviser for assistance.**

**GENERAL INFORMATION:**

1. Legal Name of Business: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Telephone: \_\_\_\_\_
4. E-mail: \_\_\_\_\_
5. Legal Type (i.e. Corporation, etc.): \_\_\_\_\_
6. Estimated Total Gross Revenues from Operations: \_\_\_\_\_
7. Breakdown of Sales for:  
Packing: \_\_\_\_\_ Installation Work: \_\_\_\_\_  
Freight Forwarding: \_\_\_\_\_  
Personally Conveyed: \_\_\_\_\_  
Other: \_\_\_\_\_
8. Please describe any other operations: \_\_\_\_\_
9. For Personally Conveyed:  
Average Distance: \_\_\_\_\_  
Maximum Distance: \_\_\_\_\_  
Estimated Number of Transits per Week: \_\_\_\_\_  
Average Value: \$ \_\_\_\_\_  
Maximum Value: \$ \_\_\_\_\_
10. Vehicles Utilised:

Please provide information for each vehicle in Appendix 1 below:

11. Please detail security procedures for securing artwork while vehicle is unattended:

\_\_\_\_\_

12. Please provide a list of drivers including: Name, Date of Birth, Driver's License Number and length of employment in Appendix 2 below

13. Do you utilise leased employees? Yes  No  How often? \_\_\_\_\_

No of Part Time Employees \_\_\_\_\_

Do you conduct background checks? Yes  No

New Hire physicals conducted? Yes  No

Drug tests administered? Yes  No

How do you advertise for new employees? \_\_\_\_\_

14. **WAREHOUSE EXPOSURE**

Please Describe Security: \_\_\_\_\_

Extra Security Measures: (Sprinklers, firewalls, etc.) \_\_\_\_\_

Who has access to storage areas? \_\_\_\_\_

Do individuals having access have separate alarm codes? \_\_\_\_\_

How do owners access their artwork? \_\_\_\_\_

Are all items stored at least 15 cm off the floor? Yes  No

15. **INVENTORY CONTROLS**

How often is inventory audited? \_\_\_\_\_

Who has access to storage areas? \_\_\_\_\_

16. **FREIGHT FORWARDING**

How often is this service provided? \_\_\_\_\_

Australia Volume \_\_\_\_\_ Overseas volume \_\_\_\_\_

Who generally does the shipping: \_\_\_\_\_

Who packs the art: \_\_\_\_\_

17. **INSTALLATION**

Please describe most common operations: \_\_\_\_\_

\_\_\_\_\_

Do you ever hire cranes? \_\_\_\_\_

Utilise Scaffolding? \_\_\_\_\_

What type of tools do you utilize on site? \_\_\_\_\_

Average total value of tools off premises on an installation job: \$ \_\_\_\_\_

Maximum value of tools on installation job: \$ \_\_\_\_\_

Do you hire sub-contractors for carpentry etc? \_\_\_\_\_

Do you require certificates of insurance of at least \$1,000,000 from sub-contractors adding you as an additional insured? Yes  No

**SUMS INSURED REQUIRED**

18. Section I – Legal Liability: AUD \_\_\_\_\_

Section II – Customers All Risks Extension: AUD \_\_\_\_\_

**ATTACHMENTS**

Brochures outlining services  
Copies of Contracts used  
Copy of Alarm Certificate

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**APPENNDIX 1  
VEHICLES USED**

No.	Make	Model	Year	Air Ride	Climate Controlled	Special Enhancements
1.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

**APPENDIX 2  
DRIVER DETAILS**

No.	Name	Date of Birth	Driver's Licence No	Length of Employment
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

## IMPORTANT NOTICES

### Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

### Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms.

You have this duty until we agree to insure you. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

### Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally, emailed or posted by certified mail or to your address last notified to us. Proof of mailing is sufficient proof of notice.

### Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the Australian Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.





Coverholder at **LLOYDS**

Quantum Underwriting Agencies  
Corporate Authorised Representative (CAR 328372) of  
Quantum Insurance Holdings Pty Ltd  
U2, 10 Cassowary Bend, Eaton, WA 6232  
T: 1300 974 095  
W: [www.qua.net.au](http://www.qua.net.au)  
AFS 451 134