



H W WOOD Australia Pty Ltd

AFS Licence No. 230009

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Proposal Form Dealers Insurance

A. COMPANY DETAILS			
A1.	Company Name: (Please include full Trading Name(s) as they are to appear on policy and "doing business as" name if different)		
A2.	Proposers Full Name:		
A3.	Full Names of each Director and/owner:		
A4.	Correspondence Address:	City:	State: Post code:
A5.	Contact Phone #	Fax #	
	Mobile Phone #	Email:	
A6.	Please describe the nature of your business (for example: full time dealer, auctioneer)		
A7.	How many years have you been in the trade: (a) at these premises: (b) elsewhere:	If you have been in the trade less than 3 years please list previous relevant experience or attach CV if applicable:	
A8.	Have you ever traded under a different company name? If so, please list here and the amount of years applicable.		
A9.	How many employees do you have, excluding the directors/owners listed above?		
A10.	To which trade associations do you belong?		
B. YOUR STOCK			
B1.	What is the Maximum market value of stock that you require to be covered under your insurance policy? (<i>Being the TOTAL REPLACEMENT COST of your entire stock Including consignments, across all locations where you hold stock</i>)		
B2.	What is the Average market value of your stock held during the year? (<i>Being the TOTAL REPLACEMENT COST of your entire stock Including consignments, across all locations where you hold stock</i>)		
B3.	Please describe the % makeup of your stock, as follows:		
	Numismatic _____%	Fragile (glass, ceramics etc) _____%	
	Philatelic _____%	Jewellery (Costume/Scrap) _____%	
	Precious Metals _____%	Jewellery (Precious) _____%	
	Autographs _____%	Jewellery (Watches) _____%	
	Pictures/Paintings _____%	Reference Library/Books _____%	
	Other – Please list fully _____%	Furniture _____%	
B4.	What is the Average individual value per item of stock?		
B5.	Do you carry out an annual stock take?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
B6.	Do you maintain stock records?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

C. Insured Premises (s) (Please provide this information for each location that you require your stock to be covered, using additional pages where necessary)			
C1.	Premises Type (select one): <input type="checkbox"/> Residence <input type="checkbox"/> Office <input type="checkbox"/> Gallery <input type="checkbox"/> Storage Facility		
C2.	Street Address:	City:	State: Post Code:
C3.	Is the building constructed of <input type="checkbox"/> brick / <input type="checkbox"/> stone/ <input type="checkbox"/> concrete / <input type="checkbox"/> wood frame / <input type="checkbox"/> other? <i>Please check most appropriate.</i>	When was the premises built: How many stories is the building: On which floor(s) are stock kept:	
C4.	(a) Is the building in the vicinity of any rivers, streams or tidal waters?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	(b) Has the building ever suffered from flooding? If yes, please provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C5.	Is the premises self-contained and exclusively under your control and solely used for the business purpose described in A6? If no, please provide details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C6.	Is the premises unattended at night?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C7.	Do you have mortise deadlocks or other similar key operated security fitted to all external doors? If NO, please provide details; use a separate sheet if necessary.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C8.	Do you have window locks or bars fitted to all external windows? If NO, please provide details; use a separate sheet if necessary.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C9.	Do you have a display/store window? If yes, please provide the security on the window including type of glass, contact alarms and whether shutter is in place at night	YES <input type="checkbox"/>	NO <input type="checkbox"/>
C10.	Any other security protections at the premises? (please provide details; use a separate sheet if necessary.)		
C11.	How many employees work at this location?		
D. Safes and/or Strong Rooms (Complete for every location)			
D1.	Do you have safe (s) at your premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
D2.	Please provide make and model rating for each of your safes:		
D3.	What is the value of stock not placed in the safe when premises are unattended? Please provide details of WHY the stock is not stored in a safe; use a separate sheet if necessary.		
E. Burglary Alarm (Complete for every location)			
E1.	Do you have a burglary alarm system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E2.	Is it linked to a central station? if YES, <i>please provide company details</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E3.	Does it cover ALL areas where insured items are stored?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E4.	Is it under a yearly maintenance contract?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F. Fire Alarm (Complete for every location)			
F1.	Do you have a fire alarm system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
F2.	Is it linked to a central station? if YES, <i>please provide company details</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

G. Bank Locations and Safety Deposit Box Locations (Complete for every bank in which stock is stored)				
G1.	Bank/Location Name:			
G2.	Street Address:	City:	State:	Post Code:
G3.	Is this constructed of <input type="checkbox"/> brick / <input type="checkbox"/> stone/ <input type="checkbox"/> concrete / <input type="checkbox"/> wood frame / <input type="checkbox"/> other? <i>Please check most appropriate.</i>	When was the premises built: How many stories is the building: On which floor is the stock stored:		
G4.	What percent of your total inventory that you wish to be insured is on average stored at the bank?			
H. THIRD PARTY PREMISES.				
H1.	Do you require insurance for stock at THIRD PARTY PREMISES not listed in C – such as auction houses, restorers, customers, dealers etc?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>	
H2.	What is the MAXIMUM value at third party premises?			
H3.	What is the AVERAGE value at third party premises?			
I. EXHIBITIONS AND SHOWS AND OFF PREMISES AUCTIONS				
I1.	Do you require insurance when you take a table, booth or stand at ANY exhibitions, trade shows, bourses or similar events that are open to the public or are trade fairs?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>	
I2.	What is the estimated number of exhibition/shows/off premises auctions you will attend during a 12 month period?	What is the average value of stock taken per exhibition/show/auction?		
I3.	Please provide estimated schedule of exhibitions/shows/off premises auctions for the next 12 months and the estimated limit per exhibition/ show: <i>use a separate sheet if necessary.</i>			
	Date	Event Name	Country or state	Limit required
				Brinks, PPI, etc.
I4.	How do you usually transport the stock to and from the exhibition/show/auction? <i>use a separate sheet if necessary</i>			
I5.	If you personally carry the stock to and from the exhibition/show/auction, how many people accompany the transit? <i>use a separate sheet if necessary</i>			
I6.	At what limit would you consider a minimum of two persons to personally accompany the stock to and from exhibition/shows/auction? <i>use a separate sheet if necessary</i>			
J. PERSONAL CARRYINGS				
This section applies to all personally accompanied transits, including sales and buying trips, auctions and shows where you DO NOT take a table, booth or stand				
J1.	Do you require insurance for personal carryings, sales or buying trips etc (Example: any time you or your staff carry stock off premises OTHER than for exhibitions/shows as above)	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>	
J2.	How many personal carryings, sales or buying trips plus any exhibitions/shows you attend WITHOUT a permanent table or booth over a 12 month period within your country?			
J3.	Do you make any trips outside of Australia/New Zealand?			
J4.	What is the MAXIMUM value you would carry?			

J5.	What is the AVERAGE value you would carry?					
J6.	What LIMIT of insurance do you wish to purchase?					
J7.	At what value would you normally ensure that at least two people would travel with the stock?					
K. SENDING AND SHIPPING (WITHIN AUSTRALIA/NEW ZEALAND)						
K1.	Do you require insurance for stock being shipped to and from your premises within your domestic country?				YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>
K2.	How many packages do you send/receive domestically per month that you are responsible to insure?					
K3.	What is the MAXIMUM value per package you send/receive domestically?					
K4.	What is the AVERAGE value per package you send/receive domestically?					
K5.	What is the total value you ship or receive that you are responsible for the insurance of, in a 12 month period? (Please do not include any value that you are insuring with the carrier or that are being insured elsewhere. Do not include any armored car services to exhibition venues.)					
K6.	Service	Limit required:	Estimated percent of total volume shipped in one year:	Service	Limit required:	Estimated percent of total volume shipped in one year:
	Australia Post:			UPS	\$	%
	Australian Air Express	\$	%	Federal Express	\$	%
	Express Post	\$	%	TNT/Failproof National/Brambles	\$	%
	Platinum Post	\$	%	Brinks or other armored car, PPI	\$	%
	Registered Post	\$	%	Other, <i>please specify</i>	\$	%
L. SENDING AND SHIPPING (INTERNATIONAL)						
L1.	Do you require insurance for stock being shipped to and from your premises anywhere else worldwide?				YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>
L2.	How many packages do you send/receive internationally per month that you are responsible to insure?					
L3.	What is the MAXIMUM value per package you send/receive internationally?					
L4.	What is the AVERAGE value per package you send/receive internationally?					
L5.	What is the total value you ship or receive that you are responsible for the insurance of, in a 12 month period? (Please do not include any value that you are insuring with the carrier or that is being insured elsewhere and do not include any armored car services to exhibition venues.)					
L6.	Service	Limit required:	Estimated percent of total volume shipped in one year:	Service	Limit required:	Estimated percent of total volume shipped in one year:
	Australia Post:			UPS	\$	%
	Australian Air Express	\$	%	Federal Express	\$	%
	Express Post	\$	%	TNT/Failproof National/Brambles	\$	%
	Platinum Post	\$	%	Brinks or other armored car, PPI	\$	%
	Registered Post	\$	%	Other, <i>please specify</i>	\$	%

M. AT PREMISES AUCTIONS. FOR THOSE HOLDING AUCTIONS AT YOUR INSURED PREMISES			
M1.	Do you require seasonal increases in your stock limit at premises for auctions held at your premises?	YES <input type="checkbox"/>	NO <input type="checkbox"/> <i>skip this section</i>
M2.	How many auctions do you hold each year?		
N. HISTORY			
N1..	Who is your current insurer?		
N2.	Have you suffered any losses in the last five years, whether insured or not? <i>If YES, please provide details; use a separate sheet if necessary.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
N3.	Has any company declined to accept, cancelled or refused to provide insurance for you? <i>If YES, please provide details; use a separate sheet if necessary.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
N4.	Are there any additional material facts affecting any section of the proposed insurance which should be disclosed to the Underwriters? If YES, please give full details:		
N5.	When do you want this coverage to be effective from? Please note that no cover is granted without written confirmation from H W Wood Australia Pty Ltd.		
How did you hear about HW Wood Australia Pty Ltd? <input type="checkbox"/> Search Engine / <input type="checkbox"/> Advertisement / <input type="checkbox"/> Tradeshow / <input type="checkbox"/> Direct Mail / <input type="checkbox"/> Other _____			

DECLARATION	
Your duty of disclosure	
<p>Before you enter into a contract of general insurance with an insurer, you have a duty, under the <i>Insurance Contracts Act 1984</i>, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms. You have this duty until we agree to insure you. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.</p> <p>Your duty however does not require disclosure of matter:</p> <ul style="list-style-type: none"> —that diminishes the risk to be undertaken by the insurer; —that is of common knowledge; —that your insurer knows or, in the ordinary course of his business, ought to know; —as to which compliance with your duty is waived by the insurer. 	
Non-disclosure	
<p>If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.</p> <p>If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.</p>	
Declaration	
<p>You must read this before signing below</p> <p>In accordance with the above statement, I can confirm that to the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that any non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Underwriters: If you are in any doubt as to what constitutes a material fact you should consult H W Wood Australia Pty Ltd.) I understand the signing of this application form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application form and the statements made herein shall form the basis of the contract.</p>	

Signature: _____

Date _____

Would you be interested in receiving insurance information on the following cover we can offer in conjunction with your dealers policy?

Office Contents Insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business Interruption Insurance	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Private Art Insurance for Owners, Principles or Directors	YES <input type="checkbox"/>	NO <input type="checkbox"/>
General Public & Products Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Management Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cyber Liability	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other (Please specify)	YES <input type="checkbox"/>	NO <input type="checkbox"/>