



Answer all questions completely. If a question does not apply, write N/A. Declaration statement must be signed.

APPLICANT INFORMATION

Name: _____ Date of birth: _____
 Physical address: _____ Apt/Floor: _____
 City/State/Country: _____ Postal Code _____
 Occupation: _____ Business/Employer Name: _____
 Telephone (Cell): _____ Email: _____

Do you currently have Fine Art Insurance? ☐ Yes ☐ No If YES, Name of Insurer: _____

Do you currently have Homeowner's Insurance that covers any part of your collection (including Jewelry)? ☐ Yes ☐ No

If YES, Name of Insurer: _____

LOCATIONS

Provide details for every location where coverage is requested

Address, Apt. No., City, State, Country, and Postal Code

Location 1 ☐ Same address as above _____

Location 2 _____

Location 3 _____

Location 4 _____

Location 5 _____

Location 6 _____

LOCATION DETAILS – Answer all questions

LOCATION No.	1	2	3	4	5	6
Type (House, Apartment, Office, Warehouse)						
Intruder Alarm System (Yes or No)						
Who responds to an alarm? (police or private company)						
Fire/Smoke Alarm System (Yes or No)						
Fire extinguishers on Site (Yes or No)						
Gated Community (Yes or No)						
CCTV Cameras (Yes or No)						
Personnel on site 24 hours (Yes or No)						
Private Security on Site (Yes or No)						
Exit doors secured with Locks (Yes or No)						
Is the location within 500 meters (0.30 miles) of a body of water? (Yes or No)						
Is there a safe at the property? (Yes or No)						

Add additional information:

SAFE DETAILS (for Jewelry, Watches, Coins, and other valuables)

Location No.	Installation (Wall or Freestanding)	Make	Model	Grade	Weight	Dimensions

ITEMS TO INSURE

- ☐ Attach Inventory detailing the items, values to be insured and Location No.
☐ Attach photos, receipts, professional appraisal or proof of purchase in support of values

Category	USD Value
Fine Art	
Outdoor Sculptures	
Jewelry In Safe (In safe on a full-time basis)	
Jewelry Worldwide (Wearing Limit) *	
Other (Silverware, Coins, Gold bars, etc.)	

*The Jewelry Worldwide (Wearing Limit) is the maximum value worn/in use

PREVIOUS INSURANCE

- a. Name of all previous insurers and/or brokers: _____
b. Dates of active coverage: _____
c. Has any insurer declined to accept; cancelled; refused to continue, or agreed to continue only on special terms any insurance policy for any person to whom this insurance would apply? ☐ Yes ☐ No
d. If yes, provide details: _____
e. Is a claim actively in-process; under contestation or otherwise pending? ☐ Yes ☐ No

LOSSES

Has any person whose property is to be insured sustained loss/damage pertaining to this type of insurance during the last six years?

☐ Yes ☐ No Was the loss insured? ☐ Yes ☐ No

If YES:

- a. Name of any insurer and/or brokers _____
b. Date, circumstances and amount of each loss/damage: _____

OTHER INFORMATION

Have you or any person residing with you, ever been convicted of any criminal act? ☐ Yes ☐ No

If yes, provide details: _____

DECLARATION - Read and sign consent:

I understand that the signing of this application does not obligate me to purchase any insurance policy but agree that, should a contract of insurance be purchased, statements made in this application and any further information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance. To the best of my knowledge and belief, the information provided in this application, whether in my own hands or not, is true, and I have not withheld any material facts*, defined as one likely to influence acceptance or assessment of this proposal by Underwriters. I understand that non-disclosure or mis-representation of a material fact will entitle Underwriters to void this insurance. I acknowledge that Underwriters have the right to request additional information to clarify any aspect of this application.

*If you are in any doubt as to whether a fact is material or not, disclose it below.

Signature of Applicant

Date