

## ART INSURANCE PROPOSAL FORM

### IMPORTANT:

1. *This form can be used to apply for Art Insurance for Dealers & Galleries.*
2. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
3. *Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
4. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
5. *Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.*

### FOR OFFICE USE

Intermediary Name: \_\_\_\_\_ Intermediary Code: \_\_\_\_\_

Business Channel:  Agency  Banca  Corporate/Broking  Direct

RM/SP Name: \_\_\_\_\_ RM/SP Code: \_\_\_\_\_

RM/SP Contact No: \_\_\_\_\_ GSTN: If applicable \_\_\_\_\_

POSP PAN (if applicable) \_\_\_\_\_

Before any question is answered, read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

### I – Company Details

a) Name of the Proposer:

b) Assureds'/organization/company's name (as to appear on policy):

c) CKYC No. (if available):

d) Present Address of the Proposer:

e) Permanent Address of the Proposer:

*(if left blank, will be construed as being same as Present Address)*

f) Website Address

g) Name(s) under which the proposer has previously traded:

h) How many years have you been:

i. at your current premises

ii. Elsewhere

i) How many employees do you have?

j) What was your annual turnover/sales in your last Financial year?

k) What was your annual gross profit in your last Financial year?

## II – Premises

a) Full Present Address(es) of your trading location(s):

- b) List any other locations used by you for the purposes of your business, i.e., for storage, etc:

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| c) Are all the premises used by you for the purposes of your business constructed of brick, stone or concrete, roofed with slates, tiles or other non-combustible materials? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Are the premises:   |                          |                          |
| i. in a good state?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. free from signs of subsidence, landslip or heave and have never suffered from these problems?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Are any of the premises:  |                          |                          |
| i. susceptible to or in an area with a history of flooding?  | <input type="checkbox"/> | <input type="checkbox"/> |
| ii. have a basement in which stock is stored?  | <input type="checkbox"/> | <input type="checkbox"/> |
| f) Are your premises self-contained and used solely by you?  | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Are your premises occupied at night?  | <input type="checkbox"/> | <input type="checkbox"/> |
| h) Are your premises located within a shopping centre or mall?   | <input type="checkbox"/> | <input type="checkbox"/> |
| i) Are the premises occupied and trading regularly throughout the year?  | <input type="checkbox"/> | <input type="checkbox"/> |
| j) If you have ticked yes for any of the boxes above, please give full details:  |                          |                          |

**III - Protections – Trading Location(s)**

- |   |   |                          |
|---|---|--------------------------|
| a) Is a burglar alarm fitted  | <input type="checkbox"/>  | <input type="checkbox"/> |
| i. Is it connected to the police/central station?<br>If yes, please state method. | <input type="checkbox"/>  | <input type="checkbox"/> |
|   | <div style="border: 1px solid black; height: 25px; width: 100%;"></div> |                          |
| ii. Does it cover all areas containing the insured items?                         | <input type="checkbox"/>  | <input type="checkbox"/> |
| iii. Is the system maintained annually under contract?                            | <input type="checkbox"/>  | <input type="checkbox"/> |

b) Are the premises protected by CCTV?

i. Does the CCTV have a recording facility?

ii. How long are tapes kept before being reused?

c) Give full details of how all external or internal doors allowing access to your premises are protected (please state type of locks):

d) Give full details of how all windows (including display windows) or skylights are protected (e.g. grilles, bars, security film, type of glass):

e) Details of fire protections. Do you have:

i. Fire extinguishers

ii. Fire alarm

If yes, is it connected to a central station

iii. Smoke detectors/alarm

iv. Sprinklers

f) Is there a safe or strongroom?

If yes, please state

i. Make

ii. Model

iii. Approximate weight

#### IV - Protections – Additional Location(s)

a) Are all additional premises occupied solely by you?

b) Are all additional premises regularly occupied or inspected?

c) Is entry/exit to/from the premises controlled during business hours?

d) Are all additional premises fitted with a burglar alarm?

- i. Is it connected to the police/central station?
- ii. Does it cover all areas containing the insured items?
- iii. Is the system maintained annually under contract?
  
- e) Are all additional premises protected by CCTV?
- i. Does the CCTV have a recording facility?
- ii. How long are tapes kept before being reused?

f) If you have ticked any of the shaded boxes above, please give full details:

g) Give full details of how all external or internal doors allowing access to all the additional premises are protected (please state type of locks):

h) Give full details of how all windows or skylights are protected (e.g. grilles, bars, security film, type of glass):

i) Give details of the fire protections for all additional premises:

## V – Stock Records

- a) Give the approximate split of your stock and Good in Trust:
  - i. Paintings pre-1960, drawings and prints  %
  - ii. Paintings post 1960  %
  - iii. Statues & sculptures of a non-fragile nature, items of non-precious metal or wood  %
  - iv. Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature  %

v. Other (give details below)

b) When was your last annual stock take?

/ /

**VI – Cover Required**

**Stock**

a) What is your maximum own stock at cost price?

%

b) What percentage uplift do you require claims for your own stock to be settled?

%

c) What is the maximum value of items on consignment to you and other items in your care, custody and control, including liability for part-owned items, if applicable

%

d) Total Sum Insured (a+b+c)

%

**Transits & Sendings**

a) Do you require cover for stock away from your premises within India (not including exhibitions/fairs)?  
If Yes, please state for the last 12 months (not including exhibitions/fairs)

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

i. Maximum value any one location/transit/sending within India

ii. Aggregate value of all transits and sendings within the town/city in which your business is located

iii. Aggregate value of all other transits and sendings within India

iv. Usual carriers used to transit goods within India

b) Do you require cover for stock away from your premises outside India (not including exhibitions/fairs)?  
If Yes, please state for the last 12 months (not including exhibitions/fairs)

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

- i. Maximum value any one location/transit/sending outside India
- ii. Aggregate value of all transits and sendings within Asia
- iii. Aggregate value of all transits and sendings to/from USA
- iv. Aggregate value of all transits and sendings elsewhere
- v. Usual carriers used to transit goods outside India

**Exhibitions & Fairs**

- a) Do you require coverage whilst at exhibitions & Fairs? **YES** **NO**  
 If Yes, please give details.

	Name of Exhibition	Date From/To	Limit Required	Method of Transit to/from
1				
2				
3				
4				
5				

**Fixtures, Fittings & Other Contents**

Please note that you must declare the full values to be insured under this section otherwise the condition of Average may apply in the event of a claim.

- a) Trade and office furniture, fixtures, fittings, tenant's improvements, computers, safes, alarm systems, windows, machinery and tools, showcases and all other business contents

- b) Interior and exterior glass (at cost of replacement as new)
- c) Library of Reference Books
- d) Total (a+b+c)


**Terrorism**

- a) Do you require coverage for terrorism?

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>

**Insurance History**

- a) State all losses suffered or claims made against you or any Director or Partner (in this or any other name under which you may have been trading) for any of the covers detailed in this proposal form within the last 5 years

Date of Loss	Circumstances of Loss	Amount of Loss

- b) What actions have been taken to prevent reoccurrence of each of the above claims?

- c) Has any Insurer ever cancelled or refused to issue or continue any Insurance for you or applied any special terms when renewing your policy?
- d) Has any Principal, Director or Business Partner ever been declared bankrupt, had a company gone into liquidation or become insolvent?
- e) Has any Principal, Director or Business Partner had any convictions, other than for motoring offences?

<b>YES</b>	<b>NO</b>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- f) If you have ticked any of the shaded boxes above, please provide full details.

## PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

**Note :** Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

### Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

## NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*)

### Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

## DECLARATION BY PROPOSER

- i. I/ We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me/us and GENERALI CENTRAL INSURANCE CO. LTD. (GCICL).

If any additions or alterations are carried out in the risk proposed after the submission of this proposal form, then the same shall be conveyed to GCICL immediately, in writing.

- ii. I/We understand that, if any information/statement given in the proposal is found to be untrue by GCICL, the corresponding insurance policy, that may be issued, shall be treated as void ab initio and the premium paid shall be forfeited to GCICL.
- iii. I/We declare that the premium amount, corresponding to this proposal, is paid out of the legally declared and assessed sources of my/our/proposer's income and not out of proceeds of crime related to any offence under the Prevention of Money Laundering Act, 2002, and rules framed thereunder. I/We understand that GCICL reserves the right to call for documents and information to establish the source of funds, as also the right to reject the said proposal or to terminate the insurance contract unilaterally and/or forfeit the premium amount, if I/We/Proposer am/are found to be named in any recognized sanctions list/happen to have violated any provisions of law.

OR

I/We confirm that the premium payment has been made by \_\_\_\_\_, who is having an insurable interest in my/our/proposer's policy under this application form. In case of any refund, please process the same in proposer's bank account mentioned above.

- iv. I/We am/are (please tick all that are applicable)  
 High Net Worth Individual/s     Non-Residential Indian/s     Politically Exposed Person/s  
 Non-Governmental Organization
- v. I/We agree to receive service-related information from GCICL and its service providers, from time to time, through electronic and telecom modes, including WhatsApp, and understand that no unsolicited information will be sent to me/us.
- vi. I/We am/are aware and agree that the information/data provided by me/us, through this application, to GCICL and/ or GCICL authorised person/ agency, shall be stored by GCICL, throughout the currency of my/our/proposer's relationship with GCICL, and used for the purposes relating to my/our/proposer's proposal for insurance cover and/or servicing policies issued in my/our/proposer's favour, whether by GCICL or its authorized partners. I/We/Proposer also understand that the said storage is necessary for my/our/proposer's consumption of the services and consent to not hold GCICL and/or its authorized partners/ agency/ person liable for legitimate utilization of the submitted information/data.
- vii. I/We/Proposer consent to the fact that GCICL may download my/our/proposer's CKYC record from the Central KYC Records Registry, in relation to the verification of my/our/proposer's KYC records as part of this proposal. I/We/Proposer understand(s) that acceptable officially valid documents shall be relied upon for the said verification of KYC records. I/We/Proposer, also, consent to receive information from the Central KYC Records Registry through SMS/email on the abovementioned



mobile phone number/email address. It is, also, confirmed that the KYC records available in the CKYC Records Registry are current and valid, as on the date of this proposal, and can be used by GCICL hereafter. In case of any modification, the applicable information will be provided to GCICL for updating the CKYC Registry Records.

- viii. I/We/Proposer agree(s) that the information/data, contained in this proposal, shall be processed for purposes related to this proposal and the insurance policy that may be issued hereon. I/We/Proposer understand(s) that all such information/data will be handled as per the GCICL Privacy Policy, available at <https://generalicentralinsurance.com/>

**True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box.**

Date:

Place:

Signature of the Proposer(s)

*(Affix stamp, where proposer is a juridical person)*

**FOR INTERMEDIARY USE ONLY**

I, \_\_\_\_\_, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features, including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

\_\_\_\_\_

Intermediary's Code: \_\_\_\_\_

Intermediary's Signature \_\_\_\_\_

## ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

## SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

\*\*\*\*\*END\*\*\*\*\*

**Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office:** Unit No. 801 & 802, 8<sup>th</sup> Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** [gicare@generalicentral.com](mailto:gicare@generalicentral.com) | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800