

Prelude

Musical Instruments Insurance For Dealers and Makers Proposal Form

Please read carefully the Declaration at the end of this Proposal Form which You are required to sign.
Please answer All questions fully and accurately and supply additional information as necessary. There is a blank page at the end of this form to record additional information.

Please note, we do not offer exhibition/transit only coverage, these sections are only available if stock at your usual place of business is insured.

Tick Yes/No boxes as appropriate.

1. About you and the company

a.	Full Company name &/or trading name(s) requiring insurance	
b.	Correspondence address (including country and zip code)	
c.	Contact Persons name(s). We will only be able to take instruction from those whose names are listed, or are subsequently provided to us in writing	
d.	Fiscale code (Italian residents only):	
e.	Contact Telephone number Email address Website address (if applicable)	
	By completing your email information you have provided your consent for us to contact you in respect of your policy.	
f.	List the full names of all Owners and Principals	
g.	Which of the following describes your type of trading?	Part-time Full-time Dealer and/or maker Auctioneer
h.	Which of the following describes your registered legal status?	Limited Company Sole Proprietor Individual trading as Company trading as Other – please provide details.
i.	Do you trade under any other name or have subsidiary companies? If Yes, please provide details.	

j.	How many years has the company been trading?	
k.	Which trade associations are you a member of?	
l.	Please provide details of any additional business activities you undertake; for example, valuation and advisory services.	
m.	How did you hear about us?	
n.	Can you supply a name of another member of your trade as a reference?	

2. Other information about Your company

Have you	Yes	No
a. Had special terms or conditions imposed by an insurer for your business insurance?		
b. Had any insurance Policy refused, cancelled or declined by Insurers?		
c. Do any of the Owners, Directors, Officers or Employees have any non-motoring convictions or police cautions that are not spent under the Rehabilitation of Offenders Act and Rehabilitation of Offenders (Northern Ireland) Order 1978?		
d. Do any of the Owners, Directors, Officers or Employees have any prosecutions pending for non-motoring criminal offences?		
e. Have any of the Owners, Directors' or Officers' ever been subject to any personal bankruptcy proceedings, debt relief order, individual voluntary arrangement (IVA) or county court Judgement (CCI)?		
f. Are there any other factors affecting this insurance of which you are aware?		

If you have answered "Yes" to any of the above, please provide full details in the table below.

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3. About your main premises &/or locations where stock is held

Please provide details of the main premises where your stock holding is usually kept. We will require this information for each of the premises.

	Yes	No
a. Is this location Your home residence/a shop premises/an office premises/ OTHER		

If OTHER provide details below:-			
b. Are these premises			
Of standard construction e.g. built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete?			
In good repair, internally and externally and will be maintained in good repair?			
In an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?			
A flat or an apartment? (if Yes, please confirm floor level)	Level		
c. Occupied solely by your company and in the case of residential locations by the Proposer and the Proposers family only?			
d. Will these premises be Unoccupied for periods in excess of 60 days			

4. Security – Alarm

	Yes	No
1. If the insured location is protected by an alarm system, provide make of alarm.		
2. Is the alarm	(i) Bells only?	
	(ii) Connected to the Police?	
	(iii) Connected to a Central Alarm Station?	
3. Does it protect all areas containing the insured items?		
4. Is the alarm maintained under an annual maintenance contract?		

5. Safes

	Yes	No
a) If you have a safe provide make and model of the safe		
b) Is it a	(i) Wall safe?	
	(ii) Freestanding safe?	
	(iii) Under floor safe?	

6. Fire detection

	Yes	No
a) Do you have smoke detectors fitted at Your premises?		
b) Is there a fire alarm installed in Your premises?		
If Yes, does the system ring through to Your local fire station?		

Other security

	Yes	No
a) Are the final exit/entry doors fitted with 5 lever mortice deadlock(s) or locks complying with or of superior quality than British Standard 3621 or if aluminium or UPVC doors, are they fitted with the manufacturer's key operated multi point locking system?		
b) Are all windows, fanlights and skylights fitted with key operated or screw locks?		
If No, please provide details below:		
c) Is your property CCTV protected		
d) If Yes, is it a monitored or recorded system (delete as appropriate		
e) Is Your property protected by any other means? If Yes, please give details:		

7. Amounts to be insured within Your usual place of business or other named premises

All limits requested should represent the actual value of Stock at risk

Maximum value to be insured	
If your stock holding fluctuates, what is the average value?	
If you use a bank vault or safety box: What is the maximum value to be insured within these facilities? What is the average value of stock contained within these facilities?	

N.B. In the event of a claim, you will be required to quantify your loss. We recommend that you maintain a record of your stock holding.

a. How much of your stock do you keep in locked safe (if applicable) whenever your premises is unattended?	
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8. Complete **only** if you require insurance for stock in transit

Stock in transit by post and named courier and whilst personally accompanied by You, your employee or other representative personally known to You

Please confirm amounts to be insured in transit:	
Limit any one personal carrying	
Anticipated annual value being conveyed (this is how much in total you expect to carry in the next twelve months e.g. if you do 1 sales trip or client visit per week carrying GBP5,000 per trip, the total aggregate would be GBP260,000 or currency equivalent).	

Please confirm below amounts to be insured for Postal and Courier transits	
Limit any one package required	
Anticipated annual aggregate value in transits by post and named courier services (this is how much in total you expect to send/receive in the next twelve months e.g. if you send 10 packages a month at GBP1,000, each, the total aggregate is GBP120,000 (or currency equivalent)).	
(a) Within the United Kingdom	
(b) Within Europe excluding the United Kingdom	
(c) Rest of the World	

9. Complete **only** if you require insurance for stock at exhibitions or trade shows, where you have taken a stand, booth or table.

Maximum value to be insured per event		
What is the average value anticipated per event		
Number of Exhibitions anticipated for one year. Please confirm number below		
(a) Within the United Kingdom		
(b) Within Europe (excluding United Kingdom)		
(c) Rest of World		
	Yes	No
Will all transit to these events be personally accompanied?		
If No, please provide details below:		

10. Complete **only** if you require insurance for stock at off-premises auctions, pre-auction viewings that you hold away from your main premises (for example at a local hotel).

How many off-premises auctions do you anticipate within the next 12 months?	Number
What is the maximum value required to be insured per auction/pre-auction viewing event?	
What is the average value anticipated per auction/pre auction viewing event?	

11. Complete **only** if you require insurance for Machinery tools and other materials related to your business:

Please confirm sums insured for Machinery Tools and other materials	
Please confirm sums insured for Stock of Wood	

12. Other events/activities not specifically mentioned so far in this form

Please provide brief details of event/activity below (Note: a member of our team may need to contact you in this connection)

13. History of Your Insurance

Name of previous insurers (if any)	
Date of expiry of the policy	

14. Losses

				Yes	No
Has the proposer sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force					
Date of loss or damage	Type of claim or loss (e.g. Theft/Accidental Damage)	Brief details and circumstances of loss	Amount paid including any reserves outstanding	Fully settled? Yes or No	

15. Inception date

When do You want this insurance to start?

Important information

The information you have provided in this proposal form contains statements upon which Underwriters will rely when deciding whether to accept this insurance and the terms on which it may be offered, including the amount of premium payable.

If you are in doubt at all regarding any of the answers you have given you should ask your broker, H W Wood.

You must tell us within 14 days of you becoming aware if any of the information provided by you changes after you purchase your policy and during the period of your policy.

Declaration

You must read this before signing below.

The Consumer (Insurance Disclosure and Representations) Act 2012

To the best of my knowledge and belief the information provided in connection with this proposal whether in my own hand or not, is true.

I understand that if I do not provide complete and accurate information or inform you of any changes Insurers may:

- Cancel your policy and refuse to pay any claim or
- Not pay any claim in full, or
- Revise the premium and/or change any excess or
- Revise the extent of cover or terms of this insurance

I understand that the signing of this proposal form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this Proposal Form and the statements made herein and the information provided in connection with it will be relied upon by the Underwriters in deciding whether to accept this insurance.

I confirm that I am the Proposer or person authorised to sign this form.

Signature of Proposer

Position within the organisation

Date

We strongly recommend that you retain a record (including copies of any letters) of all information supplied to Insurers for the purpose of entering into this insurance. A copy of Your completed Proposal Form will be available (upon request) provided the insurance is effected. You must inform us of any change to the information provided in this form during the period of insurance. If you are in any doubt you should consult your Broker.

The parties are free to choose the law applicable to this Insurance Contract. Unless specifically agreed to the contrary this insurance shall be subject to English Law and Practice.

Any information you have provided will be dealt with current data protection legislation. Attached is our privacy notice which informs you of the kind of personal data we process in order to fulfil our obligations to you. If you would like some more information regarding Privacy Notice this can be found on our website www.hwiuk.com/policy.

Fraud policy

All instances of fraud are taken extremely seriously and if discovered are reported to the police and relevant authorities.

If You knowingly defraud or deceive an insurance company, file a claim containing any false, incomplete or misleading information You may be guilty of a crime. It is to Your benefit that the insurance industry aims to minimise the volume of fraudulent claims by ensuring that certain checks are carried out as part of their claims process.

For transparency, we have detailed the types of checks that may be made below:

- Crime Reference Numbers and lost property details may be verified with the Police.
- Checks on provenance and ownership including, but not limited to proofs of purchase, may be made.
- Claims handlers may carry out detailed over the phone investigations into the circumstances of each claim and You may be asked to complete a form detailing those circumstances.
- A Loss Adjuster may visit You to ascertain the exact nature of loss or claim and to discuss the circumstances surrounding the loss or claim.
- Your Insurers (or ourselves when we are acting agent for the Insurer) may liaise with third parties to verify values claimed.
- Your Insurers (or ourselves when we are acting as agent for the Insurer) may communicate with other insurers and industry groupings to share information and best practice.
- Your Insurers (or ourselves when we are acting as agent for the Insurer) may use online tools/databases to view previous claims history and/or usage.

Fraudulent Claims

The Insurance Act 2015 is new legislation that came into effect on 12 August 2016. It makes some important changes to your relationship with your insurer, including rules regarding when your insurer is allowed to reject a claim. It is designed to make insurance clearer and fairer.

The Act states that if a fraudulent claim is made, your insurer:

- Is not liable to pay the claim
- Can claim back from you any money they've already paid out for the fraudulent claim
- Can treat the policy as terminated from the date of the fraudulent act, without refunding any of your premium.

Fair presentation of risk

The 'duty of fair presentation of risk' helps to define the kind of information that you must give to your insurer when you're buying, changing or renewing your insurance policy, and the actions that your insurer can take if you fail to tell them something important.

For example, you must tell your insurer about any 'material circumstances' relevant to your insurance cover that you know or should have known. A 'material circumstance' is something that could influence the decision the insurer makes about whether to offer you a policy and what terms and conditions apply. This will include informing your insurer about any special or unusual facts relating to the risks, and any particular concerns that had led to you looking for insurance to cover this risk.

What happens if you fail to make a 'fair presentation of risk'?

If you don't make a 'fair presentation of risk', the Act requires insurers to take action that's proportionate, rather than having a 'one size fits all' approach. This is a summary of the guidelines it provides:

- If you've failed to make a fair presentation of risk deliberately or recklessly, your insurer can void your policy (treat it as if it never existed) and keep your premium.
- If you didn't do it deliberately or recklessly but your insurer wouldn't have insured you if they had the full facts, they can void your policy but they must refund your premium.
- If it wasn't deliberate or reckless and your insurer still would have insured you but on different terms (for example, different terms and conditions, premiums, excesses, endorsements or conditions) then any claim payment can be reduced.

Data Protection- Your Personal Information Notice

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector such as insurers, reinsurers, loss adjusters, sub-contractors, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us

Where you provide us with details about other people, you must provide this notice to them.

Want more details?

For more information about how we use your personal information please see our full privacy notice(s), which is/are available online on our website: www.hwiuk.com/policy or in other formats on request.

Contacting us and your rights

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please contact H W Wood Limited at:

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Email: dataprotection@hwint.com

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Additional Information
