

# Prelude

## Musical Instruments Insurance for Musicians and Collectors Proposal Form

Before any question is answered and you sign the Declaration, please read this form carefully. Please answer **ALL** questions fully and accurately and supply additional information as required.

Tick Yes/No boxes.

### 1. About You, the Proposer

Title	
First names	
Surname	
Date of birth	
Correspondence address (Territorial limit 1)	
Occupation	
Email Address	
By completing your email information you have provided your consent for us to contact you by email return, in respect of your policy.	
Contact Telephone Number(s)	
Preferred method of contact	Letter      Telephone      Email
Fiscale Code (Italian residents only)	

Have You or any family member, resident with you:	Yes	No
a.) had any Insurance Policy refused, cancelled or declined by insurers?	<input type="checkbox"/>	<input type="checkbox"/>
b.) had special terms or conditions imposed by an insurer in respect of insurance?	<input type="checkbox"/>	<input type="checkbox"/>
c.) Been convicted of or charged with any offence other than a motoring Offence or any conviction which has been spent under the Rehabilitation of Offenders Act 1974.	<input type="checkbox"/>	<input type="checkbox"/>
d.) any prosecutions pending for non-motoring criminal offences?	<input type="checkbox"/>	<input type="checkbox"/>
e.) Been subject to any personal bankruptcy proceedings, debt relief order, Individual voluntary arrangement (IVA) or County Court Judgement (CCI)	<input type="checkbox"/>	<input type="checkbox"/>
If Yes to any of the above, please give full details:		

Please confirm which situation best describes you? (please tick)

Amateur, Student or Professional Musician	<input type="checkbox"/>
Retired Musician	<input type="checkbox"/>
Collector	<input type="checkbox"/>

## 2. Society Membership

Are You a member of any related society e.g. Musicians Union ?

Yes       No

Name of Society	
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## 3. Does any other person own the instrument(s) or have an insurable interest?

Name	
Address	
Relationship	

## 4. About where You need the instrument(s) to be insured

- a. Please provide the address of the main location where Your Collection is to be insured **(if different to Your correspondence address).**

Main Location (territorial limit 2)	
Value of Instrument(s) kept here	

Is this a Private residence / Bank Vault / Safety Deposit / Office / Other

If Other, please give details:
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- b. If you have more than one location where you need the instrument(s) to be insured, please provide the address details below. Please use additional paper if necessary.
- c.

Additional Location (territorial limit 3)	
Value of Instrument(s) kept here	

Is this a Private residence / Bank Vault / Safety Deposit / Office / Other

If Other, please give details:
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5. About the instrument(s) you wish to insure (continue on a separate piece of paper if necessary)

Item	Description	Value	Territorial Limits (insert 1,2 or 3)
1			
2			
3			
4			
5			
6			
	<b>Total Sum Insured</b>		

a. Do You have evidence of value in respect of the instrument you wish to insure?  Yes  No

If no, please note that would need to provide evidence of value in the form of a valuation or purchase receipt for Insurers, over any value of GBP1,500 (or currency equivalent).

	Yes	No
Are the items in good condition?		
Would you require cover for climatic conditions?		
Would you require cover for losses from unattended vehicles other than on a rest stop? (loading of 20%.)		

## 6. Security

Please provide the following information for each premises you wish to be insured (other than for bank vaults and safety deposits)

Is the premises you wish to insure your instruments at:

a	Going to be Unoccupied for periods in excess of 60 consecutive Days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	What precautions do you take to protect your instrument(s) if left unattended at home?		

## 7. Alarm

a. If your home is alarm protected provide make of alarm:

- b. Is it
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| (i) Bells only?                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Connected to the Police?               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Connected to a Central Alarm Station? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- c. Does it protect all areas containing the insured items?  Yes  No
- d. Is the alarm maintained under an annual maintenance contract?  Yes  No

## 8. Safes

a. If you have a safe provide make and model and cash rating of the safe:

- b. Is it a
- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| (i) Wall safe?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (ii) Freestanding safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (iii) Under floor safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### 9. Fire detection

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

### 10. Other security

- a. Are all final exit doors fitted with a 5 lever mortice deadlock or are they fitted with the manufacturer's key operated multi point locking system?  Yes  No
- b. Are all windows, fanlights and skylights fitted with key operated or screw locks?  Yes  No

If No, please give details

- c. Is Your property protected by any other means e.g. CCTV, security lighting?  Yes  No

If Yes, please give details:

### 11. History of Your insurance

Name of previous insurers (if any) and date of expiry of the policy?

### 12. Previous claims

Have You or any other person whose property is to be insured, 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, whether or not a claim was paid?  Yes  No

If Yes, please state:
a. Approximate date of each loss or damage
b. Amount of each loss or damage paid
c. Details of each loss or damage
d. What additional precautions have been undertaken to prevent a recurrence if such damage was caused by theft?
e. Who were the insurers?

### 13. Inception date

When do You want this insurance to start?

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We want to ensure you receive the support you need - do you have any additional requirements you would like to share with us?

For example, you may need information in a different format (such as large print), extra time to discuss your policy, or specific communication preferences. These needs may arise from factors such as health conditions, financial difficulties, major life events or other personal circumstances.

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### Dealing with nominated persons of Your choice

The Data Protection Act exists for Your protection. This means that we can only talk to You, as the policyholder. Should You wish to authorise anyone else to discuss Your Policy on Your behalf please confirm their name/address and their relationship to You below. Nominated persons authorisation will remain in force unless You rescind Your instruction in writing.

Name	
Address	
Relationship	

## 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 Limited.

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

Please 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

Signature of Proposer:	Date:
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You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of Your completed proposal form will be available (on 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.

Valuation confirmed by (if applicable)	Date:
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A copy of your completed proposal form will be available upon request. You should keep a record (including copies of letters) of all the information which you have provided to Insurers.

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](http://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.

## 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](http://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:

Compliance Department  
H W Wood Limited  
1 Lloyds Avenue  
London  
EC3N 3DQ

Email: [dataprotection@hwint.com](mailto:dataprotection@hwint.com)

Telephone: 020 7398 9000