

Broker:  Mr/Ms: Tel:  Email: Effective date:  /  /  Current insurer:  Amount of previous premium €: Private collection  | Corporate collection **INSURED PARTY**Surname, first name of the insured party (or representative of the legal entity): Legal entity (if needed): Occupation: Postal Mail address: Address to be covered (if different): **DESCRIPTION OF THE RESIDENCE**You are: owner  | co-owner  | tenant You are: the occupant  | not the occupant Residence: house  | flat  | mansion  | manor house, castle Type of residence: main  | secondary Company offices: yes  no Overall condition: excellent  | good  | satisfactory  | to be restored Are there works in progress or planned? yes  no  | Duration and nature: Is the residence rented or lent (partially, entirely, yearly, occasionally)? yes  no If yes, please give further details: Is it used for professional purposes? yes  no  | If yes, please give further details: Other (conferences, firework displays, etc.): **PROTECTION – PREVENTION**Is there a theft detection system? yes  no  | Year of installation: linked to: central station  | third party  | personal phone numbers with: annual maintenance contract or tele-maintenance  | transfer to mobile phone or other telephone-linked monitoring system Access doors: have blinds  | are solid  | have multi-point locks  | have "anti-jemmy" door strips other : 

Do accessible openings (at least 2.5 m from the ground) have blinds, louvered shutters, bars or anti-break-in windows?

yes  no  | If no, please provide further details: Do you have a safe? yes  no  | number:  | class:  | sealed  | protected by contacts/volumetric sensors Is there a fire detection system? yes  no  | linked to central station with: annual maintenance contract  tele-maintenance Is there a lightning rod? yes  no  | Is there a surge protector? yes  no Other protection:

## AMOUNTS INSURED – ARTWORKS AND COLLECTABLES

TOTAL AMOUNT: €

### ARTWORKS AND COLLECTIONS:

declared value

Paintings

Furniture

Fragile items\*

Precious items\*\*

Other (wine, firearms, etc.):

total amount: €

maximum single item value: €

\* Porcelain, biscuit, glasswork, crystal, terra cotta, etc.

\*\* Gold, silver, silver-gilt and platinum items, excluding jewellery, watches and precious stones, regardless of whether they are mounted

agreed value, according to expert opinion or joint inventory, performed by:  reference:

date:

amount: €

maximum unit value: €

Does the amount of requested cover correspond to the total of existings cover? yes  no

If no: precious items

Does another policy cover your artworks? yes  no

I have chosen to receive a premium discount by agreeing to an excess of:

€2,000  | €3,500  | €7,500  | €10,000  | higher amount : €

## LOSS RATIO

Have you made one or more claims at this address over the last five years ? yes  no  | If yes, please give further details:

Date	Type (theft, water damage, natural disaster, etc.)	Cost	Causes fixed
<input type="text"/>	<input type="text"/>	€ <input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	€ <input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	€ <input type="text"/>	yes <input type="checkbox"/> no <input type="checkbox"/>

Have you made one or more theft claims at other addresses? yes  no  | If yes, indicate the date, type and cost for each:

Has the insurance policy covering the insured items been cancelled by another insurer over the last five years?

yes  no  | If yes, provide details of the reason for the cancellation:

## DECLARATIONS AND SIGNATURES

I, the undersigned,  declare that, to the best of my knowledge, **all of the information provided** in this proposal form **is exact**, regardless of whether the form has been completed **by myself or by my representative**. I acknowledge that I have been informed of the **obligation to provide truthful responses** to this proposal form and of the **consequences of an omission or false declaration**, namely that the policy would be declared **null and void** (Article L 113-8 of the French Insurance Code) or that **the compensation amounts would be reduced** (Article L 113-9 of the French Insurance Code). By signing this declaration, I am not bound to accept the terms and conditions of the insurance proposal made by the insurers, but **in the event that a contract is accepted, the declarations made in this questionnaire shall form an integral part and serve as the basis thereof**. You **must** provide your signature for this proposal to be valid.

Executed in  on

Signature

**NB: OUR FINE ART BY HISCOX PRODUCT IS FOR ARTWORKS ONLY. THIS POLICY CANNOT BE USED TO COVER JEWELLERY.**

IT and data protection: pursuant to Law no. 78-17 of 6 January 1978 on information technology and data protection, the insured party has the right to access and correct any data that concerns them held by the insurer in their files.