

This form, will be part of the insurance policy, and must be fully filled in and signed before any insurance takes effect.

Broker : First name / Last name :
 Phone : E-mail :
 Date of effect : Current insurer : Amount of the last premium : €

YOUR INFORMATION

Company :
 Last name, first name of the principal(s) :
 Activity : For how long have you been practicing this activity ?
 For how long at this address :
 Address of the gallery :
 Surface area : m²

YOUR STOCK

Total value of your stock, including entrusted objects:€ Minimum unit value: €

➔ You certify that this amount matches your total stock.

What estimation base did you use ? ☐ cost price ☐ cost price +% ☐ selling price - %

Indicate the approximate percentages of your stock:

Paintings before 1960, drawings and engravings	%
Paintings after 1960	%
Books	%
Non-fragiles statues, sculptures, objects made of non-precious metal or wood	%
Porcelains, pottery, ceramics, glass, jade and other breakable or fragile objects	%
Furniture	%
Clocks, barometers, mobiles and other mechanical devices	%
Other stock (please specify) :	%

Is a part of your stock stored in a basement ? ☐ Yes ☐ No

EXTENSION OF COVERAGE
TRANSIT

- ✓ How many transit / shipping do you make in a year (exhibitions and art fairs not included) ?
- ✓ Who is in charge of the transportation ? ☐ you ☐ your employee ☐ a professional carrier
☐ a courier delivery service
- ✓ Do you want transit / shipping coverage ? ☐ Yes ☐ No If yes, for what amount ? €
- ✓ Within what geographical limits ? ☐ France ☐ Europe ☐ Worldwide

BREAKERAGE OF FRAGILE OBJECTS

- ✓ If your stock includes breakable objects*, do you want coverage for breakage of fragile objects ? ☐ Yes ☐ No
- ✓ For what amount ? € * Porcelain, pottery, ceramics, glass, jade, etc.

INSURED PROPERTY AT ART FAIRS AND EXHIBITIONS

- ✓ If you regularly exhibit at art fairs and exhibitions, do you want coverage for Insured Property ? ☐ Yes ☐ No
- ✓ For what amount per event ? €
- ✓ Fill in the here below chart :

Geographical zone	France	Europe	Worldwide
Number of art fairs and exhibitions			

GOODS ENTRUSTED TO THIRD PARTIES

- ✓ If you regularly entrust goods to third parties such as clients, colleagues, experts, framers or restorers, do you want coverage for those entrusted properties ? ☐ Yes ☐ No
- ✓ For what amount ? €
- ✓ Within what geographical limits ? ☐ France ☐ Europe ☐ Worldwide

PROTECTIONS – PREVENTION

- Alarm system :** ☐ Yes ☐ No | Date put into service :
- linked to : ☐ a remote surveillance company | ☐ an individual | ☐ private phone numbers
- with : ☐ a maintenance contract | ☐ Carried over GSM or other system of telephone line surveillance
- Access doors:** ☐ armour plate | ☐ Solid | ☐ points lock
- ☐ Specify any other mechanical protection for exterior doors :
- Window protection (shutter, bars or break-in resistant glass) :**
- ☐ Yes ☐ No | Specify any other means of protection :
- The gallery is guarded 24/7 :** ☐ Yes ☐ No
- Fire detection system :** ☐ Yes ☐ No | ☐ remote surveillance | with : ☐ annual maintenance contract ☐ remote maintenance
- Number of fire extinguishers:**
- Other means of protection :**

EXCESS

Standard excess 500 € (stock value up to 1 000 000 €) or 1 000 € (stock value over 1 000 000 €)

Or I choose to benefit from a premium discount for the excess application of :

☐ 1 000 € ☐ 2 000 € ☐ 3 500 € ☐ 7 500 € ☐ 10 000 € ☐ Superior amount : €

CLAIMS HISTORY

During the past five years have you suffered any losses that would have been covered by coverage such as that related to this questionnaire? ☐ Yes ☐ No | If yes, specify the kind and amount :

Date	Nature (Robbery, water damage, breakage, etc.)	Cost	Repaired causes
	 €	Oui <input type="checkbox"/> Non <input type="checkbox"/>
	 €	Oui <input type="checkbox"/> Non <input type="checkbox"/>
	 €	Oui <input type="checkbox"/> Non <input type="checkbox"/>
	 €	Oui <input type="checkbox"/> Non <input type="checkbox"/>
	 €	Oui <input type="checkbox"/> Non <input type="checkbox"/>

Have you undergone any claims at other addresses : Yes ☐ No ☐ | If yes, specify date, nature, and cost :

Was the insurance contract covering the goods terminated by an other insurer during the last 5 years :

Yes ☐ No ☐ | if yes, specify the reason of termination :

DECLARATION

You declare that, to your knowledge, **all of the information given** in this questionnaire prior to insurance purchase is true, **whether you filled out the form personally or not.**

In signing this declaration, you are not obligated to accept the terms of the proposal made by the insurers, but you acknowledge that **in the event that an insurance policy is accepted, the declarations made in this questionnaire would be part of it and would serve as a basis for the policy.**

Drawn up in on Signature