

PRIVATE COLLECTION QUESTIONNAIRE

1. **Named Insured:**

2. **Location(s):**

3. **Mailing Address:**

4. **Period:** 12 Months at (Date to be Agreed) 12:00 am/12 Noon Standard Time

5. **Interest:** Fine Arts, Jewelry, Furs and Silverware as per Schedule held in the offices of:

6. **Sums Insured:**

A. i \$..... As respects Fine Arts

ii \$..... As respects Jewelry

iii \$..... As respects Furs

iv \$..... As respects Silverware

B. \$..... Aggregate in Any One Loss

7. **Desired Deductible:**Nil\$1,000\$2,500Other

8. **Insured's Occupation:**

9. **Collections Details:**

Percentage of Collection

Paintings	.....	%	Drawings/Prints	.....	%
Jewelry	.....	%	Sculpture (Non-Fragile)	.....	%
Furniture	.....	%		
Sculpture (Fragile)	.....	%	Other	.....	%

10. Premises:

- i) Premises Construction:
- ii) Age:
(If more than one location please provide for each including split of values at each location)

11. Protections:

- i) Burglar Alarm Yes No CSA..... LOCAL..... CLASS.....
- ii) Controlled Entry
 /Exit System Yes No
- iii) Fire Alarm: Yes No CSA.....
- iv) Heat/Smoke Detectors:
- v) Sprinklers: Yes No
- vi) Safe: Yes No TYPE/MAKE.....

12. Windstorm and/or earthquake Protections:

13. Losses Past 5 Years Insured or otherwise:

Year	Amount	Details of Loss
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14. Current Insurers:

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Please note that if scheduled value is costed as basis of valuation, a copy of current schedule will need to accompany this application.

Signed:

Dated: