

“All Risks” (Valuables) Proposal Form

COVER PROVIDED

Loss of or damage to the property insured by any accident or misfortune (subject to the Exceptions mentioned below) occurring within the Territorial Limits.

TERRITORIAL LIMITS

You may choose to cover items while they are anywhere within one of the following defined areas

The Premises
Local
The West Indies
Worldwide

EXCEPTIONS – The Policy does NOT cover:-

- (1) Radioactivity risks and sonic bangs
- (2) War risks
- (3) Wear and tear (other than loss of or damage to any item resulting from wear and tear to a clasp setting or other fastening carrier or container) vermin, insects, fungus or condensation or any gradually operating cause or any process of cleaning, dyeing, repairing or restoring
- (4) Depreciation or consequential loss
- (5) Electrical, electronic or mechanical breakdown or derangement unless caused by accidental damage to the exterior of the item or damage to cameras, projectors or other photographic apparatus attributable to the application or electrical energy or the breakage of electric bulbs or tubes used in connection therewith
- (6) Delay confiscation or detention by Customs Authorities or other Official Authorities
- (7) Theft or disappearance of jewellery from any room of any Hotel or Motel used for the purpose of sleeping accommodation and occurring whilst such room has been left unattended by you or members of your family
- (8) Loss of jewellery from baggage/luggage UNLESS such baggage/luggage is carried by hand and is under your personal supervision.

AVERAGE

If at the time of any loss of or damage to ARTICLES NOT SEPARATELY SPECIFIED under any item of property the value of the property covered by such item shall be collectively greater than the Sum Insured thereon you shall be considered as being your own insurer for the difference and shall bear a rateable proportion of the loss or damage accordingly.

ITEMS THAT CAN BE COVERED

Jewellery, Furs, Watches & Clocks, Dressing Cases, Gold & Silver Plate, Pictures, Antiques, Valuable collections, Photographic Equipment, Works of Art of all kinds, Firearms, Musical Instruments, Personal Effects and Articles of Personal use and adornment.

The insurance is subject to the more precise terms of the Policy a specimen of which can be obtained on application.

EACH OF THESE QUESTIONS MUST BE ANSWERED COMPLETELY

PLEASE USE BLOCK LETTERS
 Names of Proposer (s) (in full) _____
 First name _____ Surname _____
 Date(s) of Birth _____ MM/DD/YY
 Profession/Occupation _____

ID/DP/Social Security card/Passport No: _____ Expiry Date _____

Postal Address _____

Marital Status _____ Email Address _____

Telephone Nos. Home _____ Office _____ Cell _____

Period of Insurance from _____ MM/DD/YY to _____ MM/DD/YY

1. At what premises is the property proposed for insurance usually kept overnight?	
2. Do you have any policies in force with us? If 'YES', please give details.	YES <input type="checkbox"/> NO <input type="checkbox"/>
3. Have you ever insured property for ALL RISKS, FIRE, BURGLARY or THEFT? If 'YES', please state: (a) the name of all previous insurers (b) whether any insurer has cancelled or refused to renew your policy or required special terms or increased premiums.	YES <input type="checkbox"/> NO <input type="checkbox"/>
4. Are you the sole owner of the property to be insured? If 'NO', please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
5. Have you ever sustained any loss of the kind to be insured? If 'YES', please state: (a) Date of loss (b) Type of loss (c) Amount	YES <input type="checkbox"/> NO <input type="checkbox"/>
6. Will any of the items be used by anyone other than yourself or a member of your family living with you or any of your direct employees? If 'YES', please state which items and by whom	YES <input type="checkbox"/> NO <input type="checkbox"/>
7. Has any insurer ever declined any proposal from you? If 'YES', please state name of the insurer.	YES <input type="checkbox"/> NO <input type="checkbox"/>

8. What is the nature of the premises?	1) Private residence (house/flat) occupied solely by you and your family <input type="checkbox"/> 2) Office under your control <input type="checkbox"/> 3) Other (Describe) <input type="checkbox"/>
9. Who else has access to the premises?	
10. To your knowledge, have the premises ever been broken into, or have there been mysterious disappearances of articles from within the premises occupied? If 'YES', please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
11. Are the premises left unoccupied at any time? If 'YES', please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>
12. Is the property protected whilst kept at the premises mentioned in (1) above by any of the following? Burglar Alarm Grillwork Safe Other	YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> } Please give details overleaf

13. List below all items you wish to insure and provide Valuations and/ or bills. **Continue on a separate sheet if necessary.**

Items	Value	Territorial Limits (Local, WI, Worldwide)	Rates Official Use Only

14. Do you own any articles similar to the ones proposed for insurance that you have not listed? If 'YES', please state why	YES <input type="checkbox"/> NO <input type="checkbox"/>
15. Is any of the property proposed for insurance used for business/professional purposes? If 'YES', please give details	YES <input type="checkbox"/> NO <input type="checkbox"/>

IN RESPECT OF QUESTION (12) PLEASE GIVE DETAILS OF:

(A) BURGLAR ALARM

Make _____ Installers _____

Type _____ Age _____

Is it maintained under contract by the Installers?

(B) GRILLWORK

Gauge of metal used:

Are Grilles or other similar protections securely fitted into the walls to protect all windows, louvres and external door openings? YES NO

Please state the construction of the external doors not protected by grillwork.

	Front	Rear	Side
Wood			
Glass			
Metal			
	solid/hollow/expanding	solid/hollow/expanding	solid/hollow/expanding

(C) SAFE(S)

Make _____ Age _____

Model _____ Weight _____

How is the safe secured? e.g. Is it fixed into the floor/wall or free standing?

Is it fire resistant?

(D) OTHER

Please explain _____

DECLARATION

I/We wish to effect an insurance with Guardian General Insurance Limited on the Terms, Conditions and Exclusions of the Policy to be issued by the Company. I/We warrant that the statements and particulars given by me/us in this Proposal are to the best of my/our knowledge and belief true and complete and no material fact has been misrepresented, mis-stated, suppressed or withheld. I/We agree that this Proposal and Declaration shall form the basis of the contract between me/us and Guardian General Insurance Limited and shall be deemed as incorporated in the Policy to be issued.

Date (MM/DD/YY) _____ Proposer's Signature _____

COVER IS NOT VALID UNTIL ACCEPTANCE HAS BEEN ADVISED BY THE COMPANY OR THE POLICY HAS BEEN ISSUED.