



Proposal for Stamp Collectors Insurance

Please give answers to all the following questions (in capital letters)

1.	Full Name : (Mr./Mrs./Miss)		
	Address :		
	Telephone Number :		
	Telefax Number :		
	Email:		
	Occupation :		
2.	Market value of the property to be insured : (Please attach a list of individual items valued DM 10.000 or more)		
3.	Has your collection ever been professionally appraised?	YES	NO
	If no, how have you assessed the value?		
4.	Is a complete record of your collection maintained?	YES	NO
	If the answer is NO, state how the exact amount of loss could be ascertained		
5.	Is your residence:		
	a) Self-contained and exclusively under your control?	YES	NO
	b) Built of brick, stone or concrete AND is roofed with slat3es, tiles, metal, asbestos or concrete?	YES	NO
	If the answer to (a) or (b) is NO, please give details		
6.	Please specify:		
	a) Make and type of locks fitted to all external doors, e.g. deadbolt locks		
	b) Make and type of window locks fitted to downstairs and accessible windows		
	c) Details of burglar alarms (please advise whether linked to central station)		
	d) Details of safes (if applicable) :		
	e) Please state the maximum amount of material NOT kept in the safe.		
	f) Are there any other security protections?		



7.	Have your sustained any loss from any to the risks now to be insured?	YES	NO
If so, state particulars, including name of Insurer, dates, amount involved and advise what additional precautions have been taken to prevent a recurrence if such loss or damage was by theft.			

8.	Is your collection at present Insured?	YES	NO
If so, state name of Insurer			
When do you want this insurance to start?			
From whom did you hear about HWI?			

9.	Has your insurance ever been:		
a)	Cancelled?	YES	NO
b)	The extension/renewal of your insurance refused?	YES	NO
c)	The premium increased?	YES	NO
d)	Are there any additional facts affecting any section of the proposed insurance which should be disclosed to the Underwriters?	YES	NO
If YES, please give details:			

10.	State extent of Cover required:		
a)	In Bank :		
b)	Residence only:		
c)	Other (please give full details)		

11.	If more than one person has an interest in the collection, the names of all parties and the nature of their respective interests should be stated		

Declaration

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 and I have not withheld any material facts. I understand that any nondisclosure or misrepresentation of a material fact may entitle Underwriters to void the insurance.

(N.B. A material fact is one likely to influence acceptance or assessment of this proposal by Underwriters: if you are in any doubt as to what constitutes a material fact you should consult H W Wood Limited).

I UNDERSTAND THAT THE SIGNING OF THIS PROPOSAL DOES NOT BIND ME TO COMPLETE THE INSURANCE BUT AGREE THAT, SHOULD A CONTRACT OF INSURANCE BE CONCLUDED, THIS PROPOSAL AND THE STATEMENTS MADE HEREIN SHALL FORM THE BASIS OF THE CONTRACT.)

Signature of Proposer: _____ Date: _____