



DEALERS INSURANCE APPLICATION

Please complete the following questions as fully as possible

Name:			
Postal Address:			
Premises Address: <i>(please list all premises that are to be insured)</i>	Address 1:		
	Telephone No:	Fax No:	
	Address 2:		
	Telephone No:	Fax No:	
	Address 3:		
	Telephone No:	Fax No:	
Are you a full time or part-time dealer/auctioneer?			
What are your primary areas of dealing?	APHV NO. Are you wholesale or retail?		
Does your stock contain any non philatelic items? If yes, please specify			
A	PREMISES (If more than one premises to be insured, please use a separate sheet)		
1.	Do you trade from residence/office/shop?		
2.	If office or shop - on which floor of building?		
3.	If residence - is this location:-		
	(a) Self contained and exclusively under your sole control ?	YES	NO
	If NO, please give details		
	(b) Built of brick, stone or concrete and roofed with slates, tiles, metal, asbestos or concrete?	YES	NO
	If NO, please give details		
	(c) Is there a special area set aside for the insured material	YES	NO
	If NO, please give details		
4.	Please give full details of all security and protections at your premises:-		
	(a) Alarm system – make and model		
	Linked to a central monitoring station	YES	NO
	(b) Fire alarm system	YES	NO
	(c) Locks on external doors – particularly whether security deadbolt locks (please state make if known)		
	(d) Window protection (eg window locks, bars, etc)		
	(e) Safes (make and model eg freestanding, wall safe, underfloor safe)		
	What is the maximum amount of material <u>NOT</u> in the safe overnight and when the premises are unattended?	EURO	
5.	Do you also use a bank vault?	YES	NO
6.	Maximum value to be insured at premises and/or bank vault:	EURO	
	Usual split between:-		
	(a) Premises	%	
	(b) Bank	%	
7.	If your annual stock values fluctuate, please give a realistic average stock value for the year:	EURO	

B		EXHIBITIONS (when you have a table/booth)	
1.	Number of exhibitions/shows anticipated per annum: a) Within Germany/Europe b) Rest of world	No _____ No _____	
2.	Maximum value to be insured per event:	EURO	
3.	Average value taken to each event:	EURO	
C		PERSONAL CARRYINGS	
1.	If you also require cover for personal carryings and sales/buying trips, state number of trips anticipated. state: a) Number of trips anticipated b) Maximum carried c) Average carried	No _____ EURO EURO	
D		AUCTIONS	
1.	If you are an auctioneer – how many off-premises auctions do you hold per annum: Number anticipated Maximum sum insured	No _____ EURO	
E		TRANSITS (Mailing)	
1.	Maximum value per sending which you require to be insured	EURO	
2.	Average value per sending:	EURO	
3.	Anticipated annual values in transit by mail: a) Within Germany/Europe b) Rest of world	EURO EURO	
4.	Usual methods of transits used: <i>(delete as necessary)</i> Registered Mail/Express Mail/Insured Mail/Certified Mail/Federal Express/Puralator/Airfreight/Brinks/UPS/DHL/Others (please specify): (Please note that a EUR 65 deductible may apply to this section)		
F		GENERAL	
1.	How long have you been trading?	Years	Months
2.	With whom are you currently insured?		
3.	How did you hear about us?		
4.	Have you ever had your insurance: a) Cancelled b) Renewal refused? c) Premium increased?	YES YES YES	NO NO NO
	Are there any additional facts affecting any section of the proposed insurance which should be disclosed to the Underwriters? If yes, please give details:		
5.	Have you ever suffered a loss in the last 5 years relating to the type of material now to be insured? If yes please give full details, including dates, brief descriptions and amounts:		
6.	When do you want this coverage to be effective from?		

DECLARATION

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that any non-disclosure 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 the Underwriters: if you are in any doubt as to what constitutes a material fact you should consult H.W.International GmbH)

I understand that the signing of this application form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application form and the statements made herein shall form the basis of the contract.

Signed _____

Dated _____