



Hugh Wood Inc

DEALERS INSURANCE APPLICATION

Insurers will rely upon each and every response in the application form in deciding whether to insure this risk and if so, at what premium, terms and conditions. Underwriters regard every response as material to their decisions with respect to this risk. Failing to answer or answering any question incorrectly could invalidate any policy of insurance written by insurers for this risk. Should a policy be written on more restrictive limits and conditions than requested in this form any coverage granted shall be restricted to the terms, conditions, exclusions and limitations set out in the policy issued.

Please use extra paper as required and complete Section B for EACH premises you require to be insured.

Company Name:		
Postal Address:		
Premises Address: (if different from above)		
Contact Person:		
Telephone No:	Fax No:	Email:

A		YOUR BUSINESS AND YOUR STOCK		
1.	Are you : (a) full time dealer? (b) part-time dealer? (c) auctioneer?			
2.	Are you : (a) wholesale ? (b) retail ?			
3.	Please list all trade associations you are a member of :			
4.	How long have you been trading: (a) As this company? (b) In the Industry altogether?			
5.	What is the maximum market value of your stock during the year? (Being the TOTAL REPLACEMENT COST of your entire stock including consignments, irrespective of locations) This does not affect the limit of insurance you wish to purchase.			\$
6.	What is the average market value of your stock during the year? (Being the AVERAGE VALUE of your entire stock including consignments, irrespective of locations) This does not affect the limit of insurance you wish to purchase.			\$
7.	Please describe your stock by %			
	Numismatic	_____%	Philatelic	_____%
	Supplies	_____%	Autographs	_____%
	Pictures/paintings	_____%	Fragiles (ceramics, glass etc)	_____%
	Others – please list fully	_____%		
8.	What is the AVERAGE individual value per item of stock?			\$
9.	Do you also use a bank vault or safe deposit center to store part of your stock? (Note: using bank vaults to store your stock would incur a lower premium)		YES	NO
	(a)	What percentage of your stock is, <u>on average</u> , in bank vault(s)?	_____%	
	(b)	Please advise address(es) of each bank vault(s) utilized		

B		YOUR PREMISES			
Please complete this section for EACH location you wish to insure (including separate information for each bank vault location)					
1.	Insured address:	Is this location: (a) Residence? (b) Office? (c) Shop?			
2.	On what floor of the building are your premises situated?	Floor(s) _____			
3.	Please answer this question for EACH location you wish to be insured as listed above:				
	(a)	Is the premises self contained and exclusively under your sole control?	YES	NO	<i>If NO, please give details</i>
	(b)	Is the premises built of brick, stone or concrete and roofed with slates, tiles, metal, asbestos or concrete?	YES	NO	<i>If NO, please give details</i>
	(c)	Is there a special area set aside for the insured material? Such a store room, study etc.	YES	NO	<i>If NO, please give details</i>
	(d)	Is the premises protected by an alarm system If yes, please provide make and model	YES	NO	<i>If NO, please give details</i>
		Is this linked to a CENTRAL MONITORING STATION?	YES	NO	
	(e)	Are the premises protected by a fire alarm system, If NO please advise what fire protections are in place. (E.g. Hard-wired smoke detectors, Battery operated smoke detectors, fire extinguishers, etc.)	YES	NO	<i>If NO, please give details</i>
	(f)	Detail the locks on all external doors – specify whether security deadbolt locks and make if known	Detail:		
	(g)	Does the premises have any window protection (e.g. window locks, bars, etc) ?	Detail:		
	(h)	Please advise details of safes (make and model e.g. freestanding, wall safe, under floor safe and grade – e.g. TL15, TL30 TRTL 30x6 etc)	Detail:		
	(i)	What is the value of stock NOT placed in the safe when the premises are unattended or when you are closed for business?	\$		
	(j)	Please advise how many employees work at these premises?	No:		
	(k)	Please advise (this is required for EACH location INCLUDING any bank vaults or safe depository boxes): (i) Type of construction (ii) Total number of stories (iii) Approximate year built	Premises or bank vault 1)		Premises or bank vault 2)
			(i)		(i)
			(ii)		(ii)
			(iii)		(iii)
4.	Please advise what LIMIT OF INSURANCE is required at these premises?		\$		
5.	Does the value of your stock generally exceed the limit of insurance requested?	YES	NO		

COVER AWAY FROM YOUR PREMISES

I.

EXHIBITIONS / SHOWS

Only answer this question if you have a **TABLE, BOOTH OR STAND** at exhibition venues, - whether in your name or shared with a fellow dealer

This section only applies to Exhibitions WHERE YOU HAVE A TABLE, BOOTH OR STAND	Do you require insurance when you take a table, booth or stand at ANY exhibitions, trade shows, bourses or similar events that are open to the public or are trade fairs?		YES	NO	<i>If yes answer (a) to (f)</i>		
	(a)	Please provide estimated schedule of shows for the next 12 months and the estimated value taken for each: - For example, ANA x 2, FUN, Baltimore x 3 etc. (use additional sheet of paper if necessary)	Number of shows estimated is:				
			Average Estimated value each:		Limit Required each :		
			i)	\$	\$		
			ii)	\$	\$		
			iii)	\$	\$		
			iv)	\$	\$		
			v)	\$	\$		
vi)			\$	\$			
vii)			\$	\$			
viii)			\$	\$			
ix)			\$	\$			
x)			\$	\$			
xi)	\$	\$					
xii)	\$	\$					
(b)	What LIMIT of insurance do you wish to purchase?	\$					
(c)	How do you usually transport the stock to/from the show? (Note - if you use Brinks or PPI please state for which shows these services are used, as this may reduce your premium.)	<i>Detail</i>					
(d)	If you personally carry the stock to and from the show, how many people accompany the transit?	<i>Detail</i>					
(e)	At what limit would you consider a minimum of two persons to personally accompany the stock to and from shows?	<i>Detail</i>					
(f)	Please advise full details of any OVERSEAS shows including venue, limit required and how the stock will be transported to and from	<i>Detail</i>					

2.	PERSONAL CARRYINGS SECTION All personally accompanied transits, to include sales and buying trips to show venues where you <u>DO NOT</u> have a table, booth or stand		
All personally accompanied transits, to include sales and buying trips to show venues where you <u>DO NOT</u> have a table, booth, or stand		Do you require insurance for personal carryings, sales/buying trips etc (i.e. any time you or your staff carry Stock out of your premises OTHER than for exhibitions as above)	YES NO <i>If yes answer (a) to (f)</i>
	(a)	How many Personal carryings, sales or buying trips would you effect during the currency of one year within your country?	Number
	(b)	How many days do you travel overseas? Please provide country detail and approx time per trip	Number: Detail:
	(c)	What is the <u>Average</u> value you would carry?	\$
	(d)	What is the <u>Maximum</u> value you would carry?	\$
	(e)	What limit of insurance do you wish to purchase?	\$
	(f)	At what value would you normally ensure that at least two people would travel with the stock?	Detail
3.	Do you require insurance for stock at third party premises – such as graders, expertisers, restorers, on approval etc?		YES NO <i>If yes answer (a) & (b)</i>
	(a)	What is the average value at third party premises?	\$
	(b)	What is the maximum value at third party premises?	\$

D	SPECIAL COVER FOR 'OFF-PREMISES' AUCTIONS (AUCTIONEERS ONLY)		
1.	Do you require insurance for stock being taken to, and whilst at, off-premises auctions – e.g. if you hold auctions in a hotel etc		YES NO <i>If yes answer (a) to (d)</i>
	(a)	How many off premises auctions do you hold?	Number
	(b)	Are these all within the country you are domiciled?	YES NO <i>(If NO please give detail)</i>
	(c)	What is the maximum value?	\$
	(d)	How do you transport the stock to the premises?	Detail

E

SENDINGS / SHIPPING COVERAGE

1.	Do you require insurance for stock being shipped to/from your premises?		YES	NO	<i>If yes answer (a) to (e)</i>	
Shipments within your Domestic Country	(a)	How many packages do you send a month?			<i>Number:</i>	
	(b)	What is the AVERAGE value, per package?			\$	
	(c)	What is the MAXIMUM value, per package?			\$	
	(d)	What is the total value you ship, or are responsible for the insurance of, in one year ? <i>(Please do not include any value that you are insuring with the carrier and do not include any armored car services to exhibition venues.)</i>			\$	
	(e)	Services used and Limits required	Limit required (per package)		Estimated % of total volume shipped in one year	
		Regular Mail	\$		%	
		Certified Mail	\$		%	
		Insured Mail	\$		%	
		Registered mail	\$		%	
		Express Mail	\$		%	
Federal Express		\$		%		
UPS, DHL		\$		%		
Brinks, PPI or other armored car service		\$		%		
Other, please specify:	\$		%			

Shipments Worldwide	(a)	How many packages do you send a month?			<i>Number:</i>	
	(b)	What is the AVERAGE value, per package?			\$	
	(c)	What is the MAXIMUM value, per package?			\$	
	(d)	What is the total value you ship, or are responsible for the insurance of, in one year ? <i>(Please do not include any value that you are insuring with the carrier and do not include any armored car services to exhibition venues).</i>			\$	
	(e)	Services used and Limits required	Limit required (per package)		Estimated % of total volume shipped in one year	
		Regular Mail	\$		%	
		Certified Mail	\$		%	
		Insured Mail	\$		%	
		Registered mail	\$		%	
		Express Mail	\$		%	
Federal Express		\$		%		
UPS, DHL		\$		%		
Brinks, PPI or other Armored Car service		\$		%		
Other, please specify:	\$		%			

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Website: www.hwint.com

F YOUR INSURANCE HISTORY									
1.	Who is your current insurer?								
2.	How did you hear about us?								
3.	Have you ever had your insurance: <table border="1" style="margin-left: 20px; width: 100%;"> <tr> <td style="width: 40%;">a) Cancelled?</td> <td style="width: 10%; text-align: center;">YES</td> <td style="width: 10%; text-align: center;">NO</td> <td style="width: 40%;"></td> </tr> <tr> <td>b) Renewal refused?</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td></td> </tr> </table>	a) Cancelled?	YES	NO		b) Renewal refused?	YES	NO	
a) Cancelled?	YES	NO							
b) Renewal refused?	YES	NO							
4.	Are there any additional material facts affecting any section of the proposed insurance which should be disclosed to the Underwriters? If yes, please give details:								
5.	Have you suffered any losses in the last 5 (five) years relating to the type of material now to be insured? If yes please give full details, including dates, brief descriptions and amounts of loss or potential loss:								
6.	When do you want this coverage to be effective from? (please note that no cover is granted without written confirmation from Hugh Wood Inc. <table style="margin-left: 20px; width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 20%; text-align: center;"><i>Immediately ?</i></td> <td style="width: 20%; text-align: center;"><i>Date?</i></td> </tr> </table>		<i>Immediately ?</i>	<i>Date?</i>					
	<i>Immediately ?</i>	<i>Date?</i>							

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 Hugh Wood Inc.)

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 _____