

## Application Form – Fine Arts & Collectibles

### Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act), you have a duty of disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you, and anyone else to be insured under the Policy, and if so, on what terms.

#### You don't need to tell us about any matter:

- that reduces the risk,
- is of common knowledge,
- that we already know, or ought to know in the ordinary course of our business as an insurer, or
- we indicate we do not want to know.

#### If you do not tell us

If you do not comply with your Duty of Disclosure we may:

- reduce or refuse to pay a claim, or
- cancel your Policy.

If your non-disclosure is fraudulent, we may also have the option of avoiding the Policy from its beginning.

### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

### Financial Services Guide

I confirm that I have read the Financial Services Guide and understand that Consult Insurance Solutions Pty Ltd, trading as Self Super Insurance, has not taken into account your individual objectives, financial situations or needs.

### Privacy

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. You can obtain a copy of our Privacy policy from our website.

### Declaration

I, the undersigned, after enquiry, declare and confirm as follows:

1. I am authorised by each of the persons or entities included in this insurance application (including all partners/principals/directors, if applicable), on their behalf, to make this application; make these declarations; and accept the terms for this contract of insurance;
2. I have made all necessary enquiries into the accuracy of the responses given in this insurance application and confirm that the statements and particulars given are true and complete and that no material facts have been omitted, misstated or suppressed.
3. I understand that I have a continuing obligation to immediately advise of any material changes to the particulars or statements contained in this insurance application.
4. I acknowledge that the particulars and statements contained in this insurance application shall be the basis of, and will be incorporated into, the contract of insurance.

**By signing this declaration below you agree to the above**

## Section A – Proposer

1. Name of Self Managed Super Fund:
2. ABN:
3. Postal Address:
4. Your name:  Phone No.
5. Email address:
6. Nominated location(s) at which this insurance is to apply (i.e. where is the stock stored?):
7. Is this/these location(s) a:
 

a. Commercial secure storage facility? (e.g. IAS, Storage King etc)	Yes	No
b. Other commercial location (e.g. your business premises, gallery, jewelers etc)	Yes	No
c. Residential address (e.g. your home)	Yes	No

If Yes to 7b or 7c, please complete **Section B**

## Section B – Premises & Security

8. Are the Premises Alarmed?
 

	Yes	No
a. What type of alarm connection is provided?	To police	Back to Base
b. Is the alarm maintained under annual contract?	Yes	No
9. Is there a Safe or Strongroom present on the premises?
 

	Yes	No
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10. Doors & Windows – how are the following secured and protected?
 

a. External Doors (e.g. Dead locks/Roller doors/other?)	<input style="width: 100%;" type="text"/>
b. External Windows and skylights (e.g. Window locks)	<input style="width: 100%;" type="text"/>
11. Is there any other protection in place e.g. Fire alarm, Fire extinguishers. Smoke Detectors and/or alarms, Sprinklers (type and quantity), Reed switches

## Section C - Stock and contents

### Stock value

12. Give the approximate split of your stock values:

ITEM	Number of items	Total Value of items	Value of most expensive item	Date item was acquired?
a. Paintings	#	\$	\$	
b. Drawings and prints	#	\$	\$	
c. Books, including folios and manuscripts	#	\$	\$	
d. Statues and sculptures of a non-fragile nature,	#	\$	\$	
e. Statues and sculptures of a fragile nature	#	\$	\$	
f. Other fragiles (ceramics, glass etc)	#	\$	\$	
g. Jewellery, gold, coins, medallions, bank notes, stamps and watches	#	\$	\$	
h., Wine	#	\$	\$	
i. Rugs	#	\$	\$	
j. Furniture	#	\$	\$	
k. Memorabilia				
l. Any other stock (please give full details)	#	\$	\$	
<b>TOTAL</b>				

13. Do you have a full schedule of items to be insured? Yes    No

14. Have you had a professional valuation completed? Yes    No

**Please attach/send us a copy of the schedule of items and latest valuation report.**

## Section D - Your history

### Previous insurance

15. Name of previous insurers (if any):

16. Expiry date of previous policy:  Current premium paid?

17. Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you or any other person to whom this insurance would apply? Yes    No

If Yes, please provide details:

## Losses and claims

18. In the last 5 years have you ever sustained any loss or have any claims arisen, whether insured or not, in respect of any of the insurances to which this application form refers?                      Yes      No

If 'Yes', separately attach details including Date of loss; Details of incident(s); Amount paid.

## Section E – Other

19. How did you hear of us?

Google	<input type="checkbox"/>	If so, what term/words did you search?	<input type="text"/>
Referral e.g. Accountant	<input type="checkbox"/>	If so, whom?	<input type="text"/>
www.ArtCollector.net.au	<input type="checkbox"/>		
Gallery	<input type="checkbox"/>	If so, whom?	<input type="text"/>
Art or Collectable Dealer	<input type="checkbox"/>	If so, whom?	<input type="text"/>
Other	<input type="checkbox"/>	Details?	<input type="text"/>

## Section F – Signature/Name

Signature/Name	Date
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**A copy of this application form should be retained for your records.**

To submit, please either:

- Print and mail a copy to the attention of Self Super Insurance at PO Box 385, Ivanhoe, Vic 3079; or
- Print, scan and email to [John@selfsuperinsurance.com.au](mailto:John@selfsuperinsurance.com.au); or
- Click here to Submit form by email:

**Submit by  
Email**