

ART INSURANCE-COMMERCIAL PROPOSAL FORM

IMPORTANT:

1. *This form can be used to apply for Art Insurance for Dealers & Galleries.*
2. *Before completing this proposal form, read the prospectus/key features document/policy wordings to understand the meaning of the terms used herein.*
3. *Insurance is a contract of utmost good faith, requiring the proposer and the insured to disclose all material facts and not withhold any relevant information in response to the questions in this proposal form.*
4. *It is important to answer all questions. If additional space is needed, attach a separate signed and dated sheet, and reference the relevant question number.*
5. *Cover shall commence no earlier than the date and time of acceptance and subsequent to receipt of the premium.*

FOR OFFICE USE

Intermediary Name: _____ Intermediary Code: _____

Business Channel: ☐ Agency ☐ Banca ☐ Corporate/Broking ☐ Direct

RM/SP Name: _____ RM/SP Code: _____

RM/SP Contact No: _____ GSTN: If applicable _____

POSP PAN (if applicable) _____

Before any question is answered, read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full. Tick Yes/No boxes.

I – Company Details

a) Name of the Proposer:

b) Assureds'/organization/company's name (as to appear on policy):

c) CKYC No. (if available):

d) Present Address of the Proposer:

e) Permanent Address of the Proposer:

(if left blank, will be construed as being same as Present Address)

f) Website Address

g) Name(s) under which the proposer has previously traded:

h) How many years have you been:

i. at your current premises

ii. Elsewhere

i) How many employees do you have?

j) What was your annual turnover/sales in your last Financial year?

k) What was your annual gross profit in your last Financial year?

l) I am (please tick all that are applicable)

☐ Non-Residential Indian/s

☐ High Net Worth Individual/s

☐ Politically Exposed Person

☐ Non-Governmental Organisation

☐ Non-Profit Organisation

If you are an NGO/NPO, please provide Niti Ayog – Darpan Portal Registration Number:

^Non-Profit Organisation means any entity or organisation, constituted for religious or charitable purposes referred to in clause (15) of section 2 of the Income-tax Act 1961, that is registered as a trust or a society under the Societies Registration Act, 1860 or any similar State legislation or a Company registered under the section 8 of the Companies Act, 2013.

m) If you are Differently Abled, please tick on the checkbox to provide confirmation. ☐ Yes ☐ No
(If Yes, kindly provide the below details)

- i. Type of Impairment: _____
- ii. Percentage of Impairment: _____
- iii. UDID Number: _____

II – Premises

- a) Full Present Address(es) of your trading location(s):

- b) List any other locations used by you for the purposes of your business, i.e., for storage, etc:

- | | YES | NO |
|--|--------------------------|--------------------------|
| c) Are all the premises used by you for the purposes of your business constructed of brick, stone or concrete, roofed with slates, tiles or other non-combustible materials? | ☐ | ☐ |
| d) Are the premises: | | |
| i. in a good state? | ☐ | ☐ |
| ii. free from signs of subsidence, landslip or heave and have never suffered from these problems? | ☐ | ☐ |
| e) Are any of the premises: | | |
| i. susceptible to or in an area with a history of flooding? | ☐ | ☐ |
| ii. have a basement in which stock is stored? | ☐ | ☐ |
| f) Are your premises self-contained and used solely by you? | ☐ | ☐ |
| g) Are your premises occupied at night? | ☐ | ☐ |
| h) Are your premises located within a shopping centre or mall? | ☐ | ☐ |
| i) Are the premises occupied and trading regularly throughout the year? | ☐ | ☐ |
| j) If you have ticked yes for any of the boxes above, please give full details: | | |

III - Protections – Trading Location(s)

- a) Is a burglar alarm fitted ☐ ☐
- i. Is it connected to the police/central station? ☐ ☐
- If yes, please state method.
- ii. Does it cover all areas containing the insured items? ☐ ☐
- iii. Is the system maintained annually under contract? ☐ ☐

- b) Are the premises protected by CCTV? ☐ ☐
- i. Does the CCTV have a recording facility? ☐ ☐
- ii. How long are tapes kept before being reused?

- c) Give full details of how all external or internal doors allowing access to your premises are protected (please state type of locks):

- d) Give full details of how all windows (including display windows) or skylights are protected (e.g. grilles, bars, security film, type of glass):

- e) Details of fire protections. Do you have:
- i. Fire extinguishers ☐ ☐
- ii. Fire alarm ☐ ☐
- If yes, is it connected to a central station ☐ ☐
- iii. Smoke detectors/alarm ☐ ☐
- iv. Sprinklers ☐ ☐

- f) Is there a safe or strongroom? ☐ ☐
- If yes, please state i. Make

ii. Model

iii. Approximate weight

IV - Protections – Additional Location(s)

- | | | |
|---|--------------------------|--------------------------|
| a) Are all additional premises occupied solely by you? | ☐ | ☐ |
| b) Are all additional premises regularly occupied or inspected? | ☐ | ☐ |
| c) Is entry/exit to/from the premises controlled during business hours? | ☐ | ☐ |
| d) Are all additional premises fitted with a burglar alarm? | ☐ | ☐ |
| i. Is it connected to the police/central station? | ☐ | ☐ |
| ii. Does it cover all areas containing the insured items? | ☐ | ☐ |
| iii. Is the system maintained annually under contract? | ☐ | ☐ |
| e) Are all additional premises protected by CCTV? | ☐ | ☐ |
| i. Does the CCTV have a recording facility? | ☐ | ☐ |
| ii. How long are tapes kept before being reused? | ☐ | ☐ |

f) If you have ticked any of the shaded boxes above, please give full details:

g) Give full details of how all external or internal doors allowing access to all the additional premises are protected (please state type of locks):

h) Give full details of how all windows or skylights are protected (e.g. grilles, bars, security film, type of glass):

i) Give details of the fire protections for all additional premises:

V – Stock Records

a) Give the approximate split of your stock and Good in Trust:

i. Paintings pre-1960, drawings and prints

%

ii. Paintings post 1960

%

iii. Statues & sculptures of a non-fragile nature, items of non-precious metal or wood

%

iv. Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature

%

v. Other (give details below)

b) When was your last annual stock take?

/ /

VI – Cover Required

Stock

a) What is your maximum own stock at cost price?

%

b) What percentage uplift do you require claims for your own stock to be settled?

%

c) What is the maximum value of items on consignment to you and other items in your care, custody and control, including liability for part-owned items, if applicable

%

d) Total Sum Insured (a+b+c)

%

Transits & Sendings

a) Do you require cover for stock away from your premises within India (not including exhibitions/fairs)?

YES

NO

☐
☐

If Yes, please state for the last 12 months (not including exhibitions/fairs)

- i. Maximum value any one location/transit/sending within India
- ii. Aggregate value of all transits and sendings within the town/city in which your business is located
- iii. Aggregate value of all other transits and sendings within India
- iv. Usual carriers used to transit goods within India

- b) Do you require cover for stock away from your premises outside India (not including exhibitions/fairs)?
If Yes, please state for the last 12 months (not including exhibitions/fairs)

☐
☐

- i. Maximum value any one location/transit/sending outside India
- ii. Aggregate value of all transits and sendings within Asia
- iii. Aggregate value of all transits and sendings to/from USA
- iv. Aggregate value of all transits and sendings elsewhere

- v. Usual carriers used to transit goods outside India

Exhibitions & Fairs

a) Do you require coverage whilst at exhibitions & Fairs?

YES

NO

If Yes, please give details.

☐
☐

Sl. No.	Name of Exhibition	Date From/To	Limit Required	Method of Transit to/from
1				
2				
3				
4				
5				

Fixtures, Fittings & Other Contents

Please note that you must declare the full values to be insured under this section otherwise the condition of Average may apply in the event of a claim.

a) Trade and office furniture, fixtures, fittings, tenant's improvements, computers, safes, alarm systems, windows, machinery and tools, showcases and all other business contents

b) Interior and exterior glass (at cost of replacement as new)

c) Library of Reference Books

d) Total (a+b+c)

Terrorism

a) Do you require coverage for terrorism?

YES

NO

☐
☐

Insurance History

- a) State all losses suffered or claims made against you or any Director or Partner (in this or any other name under which you may have been trading) for any of the covers detailed in this proposal form within the last 5 years

Date of Loss	Circumstances of Loss	Amount of Loss

- b) What actions have been taken to prevent reoccurrence of each of the above claims?

- | | | |
|---|--------------------------|--------------------------|
| c) Has any Insurer ever cancelled or refused to issue or continue any Insurance for you or applied any special terms when renewing your policy? | YES | NO |
| | ☐ | ☐ |
| d) Has any Principal, Director or Business Partner ever been declared bankrupt, had a company gone into liquidation or become insolvent? | ☐ | ☐ |
| e) Has any Principal, Director or Business Partner had any convictions, other than for motoring offences? | ☐ | ☐ |

- f) If you have ticked any of the shaded boxes above, please provide full details.

PREMIUM DETAILS

Mode of Payment	
Payment Details	
Amount in (₹)	
Date of Payment (DD/MM/YY)	
PAN (If premium is 1 Lac and Above.)	
GSTIN (If more than one GSTIN, kindly attach an annexure with details)	

Note : Please fill up the request for authorization form to receive Claim/Refund payments, if any, directly into your bank account through NEFT if the premium paid is more than Rs 10000/-

The Company reserves the right to reject the said proposal or to terminate the insurance contract unilaterally and/or freeze the funds if the customer, or persons associated with him/her found to be named in any recognized blacklist.

Bank details of proposer for refund or claim purpose:

Name of bank account holder (*mention specifically, if different from name of policyholder*):

Bank Name & Branch:

Bank Account Number:

IFS Code:

NOMINEE DETAILS

Name:

Date of Birth:

Relationship with the proposer:

Mobile Number:

E-Mail ID:

Address of Nominee:

Present address:

Permanent address: (*if left blank, will be construed as being same as Present Address*)

Bank Account Details of Nominee:

Name of Account holder:

Bank Name & Branch:

Bank Account Number:

IFS Code:

Authorized person details (in case nominee is a minor):

DECLARATION BY PROPOSER

- i. All statements and information provided in this proposal are complete and accurate. No relevant information has been withheld. This proposal and declaration, together, forms the basis of the insurance contract with Generali Central Insurance Co. Ltd. (GCICL), if issued, and I/We agree to accept the corresponding terms and conditions.
- ii. If GCICL finds out that I/We have misrepresented or suppressed any material fact or, committed a fraudulent act relating to this insurance proposal/policy, GCICL may render my insurance policy void ab initio, and forfeit the corresponding premium amount.
- iii. I/We understand that GCICL adheres to anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anticorruption, which ensure

to not allow use of GCICL as a tool/platform for financial crimes. So, I/We confirm that the policyholder(s), beneficiary(s), claimant(s), or nominee(s) will assist GCICL with relevant records/information/assistance, as necessary, to address anti-financial crime practices.

- iv. I/We, or a person having insurable interest in the insured asset, have/has paid/will pay the premium from legitimate source and not from crime proceeds, in line with The Prevention of Money Laundering Act, 2002 and rules thereunder. GCICL can verify the source of funds, call for documents, and reject or terminate the insurance policy and/or forfeit the premium amount, if found otherwise or if I/We are named on any recognized sanctions list or have violated any provision of law. Refund of premium, if any, shall be made to my/our designated bank account(s).
- v. I/We consent to
 - a. receive policy and service communications from GCICL and its authorized service providers, vide electronic and telecom means, including WhatsApp, and understand that no unsolicited information will be sent to me;
 - b. GCICL and its authorized service providers storing and processing my personal data for the purpose of this proposal and corresponding insurance policy as may be issued, throughout the period of necessary retention;
 - c. GCICL accessing my/our CKYC records from Central KYC Records Registry (CKYCR) for verification, and to receive information from the CKYCR through SMS/email on the mobile phone number/email address provided above;
 - d. abide by the obligations under the GCICL Privacy Policy at <https://generalicentralinsurance.com/> ;
 - e. GCICL reserving the right to reject this proposal or to terminate the insurance contract unilaterally and/or freeze the funds, if I/We, or persons associated with me/us, are named in any recognized sanctions list.
- vi. My/our KYC records in CKYCR are current and valid and I/We undertake to inform GCICL in case of change.

True to our Go Green initiative, we will send a link to your e-mail address and/or phone no., as you've mentioned in this proposal, where available/chosen, your eIA, and you may download and save the digitally signed and authenticated policy document therefrom. If you still wish for a physical copy, you may tick on this box. ☐

Date:

Place:

Signature of the Proposer(s)

(Affix stamp, where proposer is a juridical person)

FOR INTERMEDIARY USE ONLY

I, _____, in my capacity as an Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF, declare that I have explained the product features,

including its suitability, and the contents of this proposal form, including the nature of the questions and the responses submitted thereto, to the proposer. It has been, further, informed to the proposer that the details provided herein shall form the basis of the contract of insurance between GCICL and the proposer. It has, also, been explained that if any untrue response(s) is/are contained in this proposal form or there has been any non-disclosure of material facts, the policy issued thereon shall, at the option of GCICL, be treated as null and void and the premium amount against the policy may be forfeited by GCICL.

Name of Insurance Agent/POSP/Specified Person of the Corporate Agent/Authorized Person of the Broker/IMF:

Intermediary's Code: _____

Intermediary's Signature _____

ANTI MONEY LAUNDERING

GCICL adheres to the anti-financial crime practices, including anti-money laundering, counter-financing of terrorism and anti-bribery and anti-corruption, which ensure to not allow use of GCICL as a tool/platform for financial crimes. The policyholder, beneficiary, claimant, or nominee are, therefore, required to assist with GCICL with relevant records/information/assistance, as may be necessary to address the anti-financial crime practices.

SECTION 41. OF INSURANCE ACT, 1938-PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to Ten Lakh Rupees.

*****END*****

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800