

PERSONAL ARTICLES APPLICATION FORM

Please answer all questions as fully as possible. You are reminded that knowingly concealing or misrepresenting any material fact or circumstance will void any insurance if issued.

- 1) Name of Applicant and of all members of Household to which this Insurance will apply, giving relationship to each other.

NAME:	DATE OF BIRTH OR APPROX. AGE	RELATIONSHIP	OCCUPATION
-------	---------------------------------	--------------	------------

-
- 2) Residential Address(es):

-
- 3) Do you live in:-
- | | | |
|-----|------------------------|--------------------------|
| (A) | Private Dwelling House | <input type="checkbox"/> |
| (B) | Apartment | <input type="checkbox"/> |
| (C) | Condominium | <input type="checkbox"/> |
| (D) | Other (describe) | |

-
- 4) Marital Status of Applicant:
- | | | | |
|----------|--------------------------|-----------|--------------------------|
| Married | <input type="checkbox"/> | Single | <input type="checkbox"/> |
| Divorced | <input type="checkbox"/> | Separated | <input type="checkbox"/> |
| Widowed | <input type="checkbox"/> | | |

-
- 5) Has any Insurer ever cancelled or refused any insurance for Applicant or persons named in 1) above ?
- Yes No
- If the answer is "Yes" please provide full details

-
- 6) Has the Applicant sustained any loss(es) or damage to personal property/articles in the last 3 years ??
- Yes No
- If yes give full details:-

-
- 7) Name of previous Insurance Companies who have insured your personal articles during the last 3 years:
- | <u>YEAR</u> | <u>INSURER/COMPANY</u> | <u>LIMITS</u> |
|-------------|------------------------|---------------|
|-------------|------------------------|---------------|

8) Protections at Main Residence:-

ALARM SYSTEM (S)

Maker's name and description
 Type
 Rating
 Area(s) protected

SAFE(S)

Maker's name and description
 Approximate weight
 Rating or Burglary Class

Is/are safe(s):-
 firmly fixed to floor Yes No
 or attached to the wall Yes No
 In a hidden secluded area Yes No

LIVE IN SERVANT(S) Yes No

OTHER PROTECTIONS (please describe)

9) AMOUNT OF INSURANCE REQUESTED

(a full schedule must be attached for each section where there is more than one item)

A. Jewelry CAD

Split:- Ladies Jewelry CAD

Mens Jewelry CAD

Limit of Jewelry requested to be worn at any one time CAD

Amount of Jewelry kept in a locked burglary resistive safe
 or safe deposit box or safe deposit vault or bank vault CAD

B. Furs and garments trimmed with fur or consisting principally of fur CAD

C. Fine Arts
 located as follows: Excluding Breakage Including Breakage

At CAD CAD

At CAD CAD

At CAD CAD

D. Musical Instruments and articles of associated equipment, as listed herein CAD

E. "Silverware", meaning silverware, silver-platedware, goldware, gold-plated
 and pewterware CAD

F. Postage stamps including due, envelope, official revenue, match and medicine
 stamps, covers, locals, re-prints, essays, proofs and other philatelic property
 owned by or in custody or control of the Assured, including the books, pages
 and/or mountings therefore CAD

G. Rare and current coins, medals, paper money, bank notes, tokens of money
 and other numismatic property owned by or in custody or control of the
 Assured, including coin albums, containers, frames, cards and display
 cabinets in use with such collection CAD

H. Other (describe) CAD

10) IN RESPECT ARTWORK

- a) What is the date of the last appraisal(s)/valuation(s)? (copies will be required)
(Note also Underwriters require for each item an appraisal/re-evaluation at least every three years.)
- b) Is coverage required at any third party's premises? Yes No
If "Yes", please give full details:-
- c) Is coverage required at for any transits? Yes No
If "Yes", please give full details including territorial limits and anticipated exposures:-
- d) How is the art work displayed on the walls?
-

11) IN RESPECT OF JEWELRY/FURS

- a) What is the date of the last appraisal/valuation? (a copy will be required)
(Note also Underwriters require an appraisal/re-evaluation at least every three years.)
- b) Is coverage required while being carried/worn outside
your country of residence? Yes No
If "Yes", please give full details including anticipated number of days:-
-

12) ADDITIONAL INFORMATION IN RESPECT OF CATASTROPHE EXPOSURES for the PREMISES
where property insured is situated:-

1) EARTHQUAKE

- a) Date of construction
- b) Type of Construction
- c) Is any part of premises raised on stilts or supports of any kind?
- d) Are foundations sunk into bedrock?
- e) Are Paintings permanently secured to walls?
- f) Are Fragile Articles secured to their display surfaces (i.e. museum wax)?

2) WINSTORM/HAIL in respect of premises situated within the coastal regions:-

- a) What is the actual distance from the coastline/shoreline?
- b) Does the premises have professionally fitted storm shutters covering all windows?
-

- 13) Is there any other material fact, within your knowledge, regarding this application for insurance, which
should be submitted to Insurers for consideration? Yes No
Please give full details:-
-

- 14) I hereby declare that the above statements and particulars are true and that I have not suppressed or
mis-stated any material facts and I agree that this Application Form shall be the basis of the contract with
Underwriters.

Dated _____

Signature of Applicant _____