

# Art & Antique Collectors Insurance Proposal Form

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 and tick Yes/No boxes where required. Use separate sheets to complete answers if necessary.

Please return via fax: +852 2968 0639 or mail to Zurich Insurance Company Ltd, 26/F, One Island East, 18 Westlands Road, Island East, Hong Kong (Attn: Personal & SME Division)

Agent Name : \_\_\_\_\_  
 Agent No : \_\_\_\_\_

All fields are mandatory, except the fields marked with #.

1. Name of Insured (as to appear on policy):	
HKID card no./Passport no.*	
Date of birth#	D                      M                      Y      Sex# <input type="radio"/> Male <input type="radio"/> Female
Occupation#	Marital Status#
Correspondence address	Flat/ Rm.*      Floor      Block      Building
	Estate name/ street no. & name/ lot no.*
	District      HK/ KLN/ NT*
Contact Number (Please fill in at least one)	Email address#
Mobile phone no.	Day time telephone no.

2. Address of the main location (please list any additional named locations on a separate page):	Flat/ Rm.*      Floor      Block      Building
	Estate name/ street no. & name/ lot no.*
	District      HK/ KLN/ NT*

	Yes	No
3. Are/Do the premises:		
(a) In a good state of repair?	<input type="radio"/>	<input type="radio"/> *
(b) Susceptible to or in an area with a history of flooding?	<input type="radio"/> *	<input type="radio"/>
(c) Have a basement in which the collection is stored?	<input type="radio"/> *	<input type="radio"/>
4. Are your premises occupied at night?	<input type="radio"/>	<input type="radio"/> *
5. Are the premises left unattended for a period longer than 14 days at any time?	<input type="radio"/> *	<input type="radio"/>

6. If you have ticked any of the boxes marked asterisk above, please give full details:

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### Protections

Please provide the following information for your main named location. Please provide details of any additional named locations on a separate page.

		Yes	No
1.	Is a burglar alarm fitted?	<input type="radio"/>	<input type="radio"/>
	(a) Is it connected to the police/central station?	<input type="radio"/>	<input type="radio"/>
	(b) Does it cover all areas containing the insured items?	<input type="radio"/>	<input type="radio"/>
	(c) Is the system maintained annually under contract?	<input type="radio"/>	<input type="radio"/>
2.	Are the premises protected by CCTV?	<input type="radio"/>	<input type="radio"/>
	(a) Does the CCTV have a recording facility?	<input type="radio"/>	<input type="radio"/>
	(b) How long are tapes kept before being reused?		
3.	Give full details of how all external or internal doors allowing access to your premises are protected (please state type of locks, eg. 5-lever mortise deadlocks, etc):	<hr/> <hr/> <hr/>	
4.	Give full details of how all windows or skylights are protected (eg. grilles, bars, security film, type of glass):	<hr/> <hr/> <hr/>	
		Yes	No
5.	Details of fire protections. Do you have:	<input type="radio"/>	<input type="radio"/>
	(a) Fire alarm?	<input type="radio"/>	<input type="radio"/>
	If Yes, is it connected to a central station?	<input type="radio"/>	<input type="radio"/>
	(b) Fire extinguishers?	<input type="radio"/>	<input type="radio"/>
	(c) Smoke detectors/alarm?	<input type="radio"/>	<input type="radio"/>
6.	Is there a safe or strongroom? If Yes, please state	<input type="radio"/>	<input type="radio"/>
	(a) Make		
	(b) Model		
	(c) Approximate weight		

Kg

**Cover required**

Please provide the following information for your main named location. Please provide details of any additional named locations on a separate page.

1.	What is the total value of your collection to be insured (please indicate currency)?	
2.	Give the approximate split of your collection by category:	
	(a) Paintings, prints, drawings, photographs, antique books & manuscripts	%
	(b) Tapestries and the like	%
	(c) Antique furniture, clocks, barometers, mobiles and other mechanical art	%
	(d) Statues and sculptures of a non-fragile nature, items of non-precious metal or wood	%
	(e) Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature	%
	(f) Silverware, jewellery, gemstones, watches and items of precious metal	%
	(g) Memorabilia and collectables (please provide details below)	%
	(h) Other (please provide details below)	%
	<hr/> <hr/> <hr/>	

3.	What are the five highest value items:	
	<input style="width:95%;" type="text"/>	Value
	<input style="width:95%;" type="text"/>	Value
	<input style="width:95%;" type="text"/>	Value
	<input style="width:95%;" type="text"/>	Value
	<input style="width:95%;" type="text"/>	Value

	Yes	No
4. Do you have a full schedule of items which are to be insured?	<input type="radio"/>	<input type="radio"/>
If No, please provide a split between the total value of scheduled items and non-scheduled items:		
<input style="width:95%;" type="text"/>	Value	<input style="width:95%;" type="text"/>
<input style="width:95%;" type="text"/>	Value	<input style="width:95%;" type="text"/>

	Yes	No
5. Have you had a professional valuation completed?	<input type="radio"/>	<input type="radio"/>
If Yes, please confirm the date of the valuation(s) and by whom they were provided:		
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<hr/>		
<hr/>		

**Cover required (continued)**

		Yes	No
6.	Do you require cover for your collection whilst in transit or away from your named location(s)?	<input type="radio"/>	<input type="radio"/>
	If Yes, please confirm the sum insured required for transit/unnamed locations:		
	What territorial limits do you require?		

**Defective title**

		Yes	No
1.	This provides indemnity against financial loss caused by the purchase, in good faith, of items where you do not acquire good title.		
(a)	Is cover required?	<input type="radio"/>	<input type="radio"/>
(b)	What limit of indemnity is required?		

**Insurance history**

		Yes	No
1.	Have you suffered any loss or losses that may have resulted in a claim under this type of policy?	<input type="radio"/>	<input type="radio"/>
If Yes, please provide full details of all losses, whether paid or not, within the last five years:			
	Date of loss	Circumstances of loss	Amount of loss
2.	What actions have been taken to prevent reoccurrence of each of the above claims?		
	<hr/> <hr/> <hr/>		
		Yes	No
3.	Has any Insurer ever cancelled or refused to issue or continue any Insurance for you or applied any special terms when renewing your policy?	<input type="radio"/> *	<input type="radio"/>
4.	Has any member of your household ever been declared bankrupt or has he/she ever owned or managed a company that has gone into liquidation or become insolvent?	<input type="radio"/> *	<input type="radio"/>
5.	Have you or any member of your household had any convictions, other than for motoring offences?	<input type="radio"/> *	<input type="radio"/>
6.	If you have ticked any of the boxes marked asterisk above, please provide full details:		
	<hr/> <hr/> <hr/>		

## Declaration

1. Signing this Form does not bind the Proposer to complete the Insurance, but it is agreed that this Form shall be the basis of the Contract should a Policy be issued.
2. I/We have read the above and agree that to the best of my/our knowledge and belief it represents a true and complete statement.
3. I/We agree that if this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the interests of the Insurers without their consent.

## Notice to Customers relating to the Personal Data (Privacy) Ordinance (“Ordinance”)

1. The personal information of customers (include policy owners, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd (“Company”)** may be used by the Company for the following **obligatory purposes** necessary in providing services to the customers (otherwise the Company is unable to provide services to customers who fail to provide the required information):
  - 1) to process, investigate (and assist others to investigate) and determine insurance applications, insurance claims and provide ongoing insurance services;
  - 2) to process requests for payment, and for direct debit authorization;
  - 3) to manage any claim, action and/or proceedings brought against the customers, and to exercise the Company’s rights as more particularly defined in applicable policy wording, including but not limited to the subrogation right;
  - 4) to compile statistics or use for accounting and actuarial purposes;
  - 5) to meet the disclosure requirements of any local or foreign law, regulations, codes or guidelines binding on the Company and/or its group (“**Zurich Insurance Group**”) and conduct matching procedures where necessary;
  - 6) to comply with the legitimate requests or orders of the courts of Hong Kong and regulators including but not limited to the Insurance Authority, Hong Kong Federation of Insurers, auditors, governmental bodies and government-related establishments;
  - 7) to collect debts;
  - 8) to facilitate the Company’s authorized service providers to provide services to the Company and/or the customers for the above purposes; and
  - 9) to enable an actual or proposed assignee of the Company to evaluate the transaction intended to be the subject of the assignment.
2. The Company may provide any personal information of customers to the following parties, within or outside of Hong Kong, for the **obligatory purposes**:
  - 1) companies within the Zurich Insurance Group, or any other company carrying on insurance or reinsurance related business, or an intermediary;
  - 2) any agent, contractor or third party service provider who provides administrative, telecommunications, computer, payment or other services to the Zurich Insurance Group in connection with the operation of its business;
  - 3) third party service providers including legal advisors, accountants, investigators, loss adjusters, reinsurers, medical and rehabilitation consultants, surveyors, specialists, repairers, and data processors;
  - 4) credit reference agencies, and, in the event of default, any debt collection agencies or companies carrying on claim or investigation services;
  - 5) any person to whom the Zurich Insurance Group is under an obligation to make disclosure under the requirements of any law binding on the Zurich Insurance Group or any of its associated companies and for the purposes of any regulations, codes or guidelines issued by governmental, regulatory or other authorities with which the Zurich Insurance Group or any of its associated companies are expected to comply;
  - 6) any person pursuant to any order of a court of competent jurisdiction;
  - 7) any actual or proposed assignee of the Zurich Insurance Group or transferee of the Zurich Insurance Group’s rights in respect of the policy owners.
3. *Certain personal information of policy owners and insured persons collected or held by the Company, in particular, names, contact information, age, gender, identity document reference, marital status, policy information, claim information, and medical history may be used by the Company for the following **voluntary purposes**:*
  - 1) *to provide marketing materials and conduct direct marketing activities in relation to insurance and/or financial products and services of the Zurich Insurance Group and/or other financial services providers, and/or other related services of business partners, with whom the Company maintains business referral or other arrangements;*
  - 2) *to perform customer analysis, profiling and segmentation; and*
  - 3) *to conduct market research and insurance surveys for the Zurich Insurance Group’s development of services and insurance products.*

The Company is not allowed to use the personal information of any customer for the above voluntary purposes without such customer’s consent. In the absence of any “opt-out” request, the Company shall treat the insurance application and continuation of the policy(ies) held with the Company as an indication of no objection of such policy owner and insured person to the Company’s use of their personal information for the above voluntary purposes.
4. *The Company may provide certain personal information, in particular, name, contact information, age, gender and policy information of a policy owner and an insured person, upon such policy owner’s and insured person’s written consent, to the following parties, within or outside of Hong Kong, for the **voluntary purposes**:*
  - 1) *companies within the Zurich Insurance Group;*
  - 2) *other banking/financial institutions, commercial or charitable organisations with whom the Company maintains business referral or other arrangements;*
  - 3) *third party marketing service providers and insurance intermediaries.*

The Company is not allowed to provide to any third party the personal information of any customer, specifically, policy owners or insured persons, for the above voluntary purposes without their written consent.
5. All customers have the right to access to, correct, or change any of their own personal information held by the Company, and in the case of policy owners and life insured, opt-out of the Company’s use and transfer of their personal information for the voluntary purposes, by request in writing to the Company’s Personal Data Privacy Officer at the address below. Requests for opt-out must state clearly the full name, identity document number, policy number, telephone number and address of the person making such request. Policy owners and insured persons may otherwise delete both the above paragraphs 3 and 4 (*in italics*) to indicate their wish to opt-out altogether.

Personal Data Privacy Officer  
26/F, One Island East  
18 Westlands Road  
Island East  
Hong Kong
6. In accordance with the Ordinance, the Company has the right to charge a reasonable fee for processing any data access request.
7. In the event of any discrepancy or inconsistencies between the English and Chinese versions of this notice, the English version shall prevail.

I/We confirm that all information provided by me in this application form is true, correct and accurate. I/We further confirm my/our agreement to all sections in this application form, including without limitation, the above Declaration and the Notice to Customers relating to the Personal Data (Privacy) Ordinance ("Ordinance").

Signature of proposer :

Date