

## Fine Arts Insurance Proposal Form

(Annual)

1. NAME OF ASSURED: \_\_\_\_\_

CONTACT NOS.: \_\_\_\_\_

*Client Information as mandated under the Philippine Anti-Money Laundering Act. ("AMLA").  
Complete information required before a policy is issued.  
Please disregard if you have already accomplished a "KYC Form".*

**For Individual Client:**

Present Address:

Permanent Address:

Nationality:

Date of Birth:

TIN/SSS/GSIS No.:

Place of Birth:

Nature of Work:

Name of Employer:

Nature of Self-employment/Business:

Sources of Funds:

Name of Beneficiaries, if applicable:

**For Corporate Client:**

Principal Business Address:

Nature of Business:

TIN No.:

List of Directors/Partners:

List of Principal Stockholders owning at least 2% of Capital Stock:

Beneficial owners, if any:

Name of Authorized Representative:

Position:

Contact No.:

**Please attach copy of latest audited Financial Statements.**

**2. LOCATION OF ITEMS TO BE INSURED**

Address (for correspondence)

If you wish to include transits (for additional premium) tick the appropriate box and indicate estimated frequency for each

Domestic  Worldwide

**3. TERRITORIAL LIMITS REQUIRED**

Premises only

Philippines only

Worldwide

**4. CONSTRUCTION AND USE**

Are the buildings (including outbuildings)

(a) built of brick, stone or concrete and roofed with slate, tile, asphalt, metal or concrete and in good condition and repair?

Yes  No

(b) in an area which is free from flooding and not in the vicinity of any rivers, streams or tidal waters?

Yes  No

(c) a flat or an apartment?

(if Yes, give the floor)

Yes  No

(d) used for any business or professional purposes or open to the public?

Yes  No

(e) regularly left unattended by day or night?

Yes  No

If you have ticked any of the shaded boxes, please give details:

(Continue on a separate sheet if necessary)

**5. BUILDING AND DECORATING WORK**

Do you intend to carry out any work on the premises insured involving outside contractors?

Yes  No

If Yes, please give details:

(Continue on a separate sheet if necessary)

**6. ALARM**

(a) Give the make of the alarm

(b) Is it

(i) bells only?

Yes  No

(ii) connected to the police?

Yes  No

(i) central station?

Yes  No

(c) Does it protect all areas containing the insured items?

Yes  No

(d) Is the alarm under a maintenance contract?

Yes  No

If Yes, by whom

**7. SAFE**

(a) Give the make, model and age of the safe

(b) Is it a

(i) wall safe

Yes  No

(ii) freestanding safe

Yes  No

(iii) underfloor safe

Yes  No

(c) Weight and dimensions

**8. OTHER SECURITY**

- (a) Are all final exit doors fitted with a 5 lever mortice deadlock?      Yes       No
- (b) Are all windows, fanlights and skylights fitted with key operated locks?      Yes       No
- (c) Is your property protected by any other means?      Yes       No

If you have ticked any of the shaded boxes, please give details

(Continue on a separate sheet if necessary)

**9. FIREFIGHTING EQUIPMENT AND FIRE PREVENTION PLAN**

**What are your firefighting equipment available?**

**Do you have any fire prevention plan? Please give us details.**

**10. AMOUNTS TO BE INSURED**

**All items must be individually listed by the proposer stating for each item the amount for which insurance is sought, which is to be the market value. The list must be submitted with this proposal. An independent professional valuation/appraisal may be required and should be forwarded with this proposal if available.**

Type	Title	Artist	Year	Size	Value

How did you arrive with the artwork values?

- Do the amounts insured represent current market values?      Yes       No

If No, please give details:

(Continue on a separate sheet if necessary)

**11. PREVIOUS INSURANCE**

(a) Name of previous insurers (if any)

(b) Date of expiry of previous policy

(c) Has any insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for the proposer or any other person to whom this insurance would apply. If Yes, please give details: Yes  No

(Continue on a separate sheet if necessary)

**12. LOSSES**

Has the proposer, or any other person whose properties to be insured, sustained any loss or damage during the last six years which would have been covered by this type of insurance had it been in force? If Yes, please state: Yes  No

(a) approximate date of each loss or damage

(b) circumstances and amount of each loss or damage

(c) with whom the property was insured

**13. OTHER INSURANCE**

Have you or any person residing with you, ever been convicted of arson or any offence involving dishonesty, e.g. fraud, theft or handling stolen goods? Yes  No

If Yes, please give details:

(Continue on a separate sheet if necessary)

Are there any other factors affecting this insurance of which you are aware?

Yes

No

If Yes, please give details:

(Continue on a separate sheet if necessary)

## DECLARATION

*(You must read this before signing below.)*

**To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.**

**(A material fact is one likely to influence acceptance or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it in the space below).**

**I understand that the signing of this proposal does not bind my to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein and the information provided in connection with it will be relief upon by the underwriters in deciding whether to accept this insurance**

**Signed**

**Date**

**Name/Position in the Company**

*You should keep a record (including copies of any letters) of all information supplied to Underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.*

*You must inform us of any change in circumstances which will materially affect this insurance. If you are in any doubt you should consult your insurance agent.*

Please return to:

**MANDY C. VELASQUEZ**

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Malayan Insurance Co., Inc.  
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