



PROPOSAL FORM FOR NUMISMATIC COLLECTION INSURANCE

Described below are the insurance policies available for Numismatic Collections. Please select the policy that suits your requirements and complete and return the form attached.

- Vault** Your collection will be insured whilst in a bank vault or safety deposit in the United Kingdom only.
- Vault Plus** Your collection will be insured whilst in a bank vault or safety deposit in the United Kingdom plus the following extensions:
- Temporary removals from the bank vault or safety deposit to your home or **Other named premises* in the United Kingdom for up to 30 days on any one insurance period.
 - Personally accompanied transits between the bank vault or safety deposit to your home or **Other named premises* in the United Kingdom to a limit of GBP50,000 (or your sum insured if less) any one carrying.
- Collector** Your collection will be insured whilst in your home and/or **Other named premises* in the United Kingdom only.

**Other named premises* are premises you have told us about and Insurers have agreed to include under this insurance.

H. W. Wood Limited in association with Token Publishing Ltd





1. Title:
Full Name:
Home Address:
Telephone Numbers:

Home:	Mobile:
Work:	Fax Number:

Email address:
Occupation/Precise Nature of Business

2. Please Insurance Plan required (see front page for details):
Vault Vault Plus Collector

3. Please advise the nature of your collection:

4. Market value of the property to be insured: (hereafter called sum insured)
Please attach a list of any individual item, pair of items, set or group worth GBP2,000 or more.

5. Limit required for other named premises, being part of the sum insured stated in question 4

6. Is a complete record of your collection maintained?
a) If NO, state how the exact amount of loss could be ascertained:
b) If your collection has never been professionally appraised, how have you assessed the value?

IF YOU HAVE SELECTED 'VAULT' POLICY IGNORE QUESTIONS 7 & 8

7. Is your home:
a) Self-contained and exclusively under your control?
b) Built of brick, stone or concrete and roofed with slates, tiles, metal, asbestos or concrete?

If the answer is NO to a) or b) please give details:

8. a) Types of locks on all external doors (e.g. five lever mortice deadlock etc.) excluding communal doors in flats



b) Types of locks on patio doors and French windows, fan lights, skylights (e.g. key operated bolts)

c) Types of window locks or catches (e.g. screw or key operated)

d) Details of Intruder Alarms

i Installer make and model

ii Is it maintained under contract?

(delete as applicable)

e) Signalling (e.g. bells only, digital communicator, ABC, Paknet, Redcare or central station)

f) Details of Safe:

i Type (e.g. wall, underfloor, free standing and professionally anchored)

ii Make and model of safe

g) If no safe, do you keep your collection in a locked cabinet or similar?

(delete as applicable)

h) Please state maximum amount **NOT** kept in safe or locked cabinets whenever your home is unattended and at night:

GBP

i) Any other protections

**COMPLETE QUESTIONS 9 TO 14 IF YOU ARE INCLUDING 'Other named premises'.
IF NOT, PROCEED TO QUESTION 15**

9. Address of *Other named premises*:

10. Limit required for *Other named premises*, (being part of the sum insured stated in question 4

GBP

11. Type of location (e.g. second or relatives home, office premises, Bank Vault/Safety Deposit, storage facility, etc.) delete as applicable

Other, please give details:

12. Please provide brief security details for all *Other named premises*, other than Bank Vault(s)/Safety Deposit(s).



13. Will your collection be kept in a locked safe? YES/NO (delete as applicable)

14. Will any person (other than family members) have access to your collection? YES/NO (delete as applicable)

If the answer is YES please give details

15. Have you sustained any loss from any of the risks now to be insured? YES/NO (delete as applicable)

If YES, state the particulars, including the name of the Insurer, dates, amount, involved and advise what additional precautions have been taken to prevent a recurrence if such loss or damage was by theft:

16. Is your collection insured at present? YES/NO (delete as applicable)

a) If so, please state the name of the Insurer:

b) When do you want this insurance to start?

17. 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? YES/NO

a) Have you or any other person living with you ever been convicted of arson or any offence involving dishonesty e.g. fraud, theft or handling stolen goods? YES/NO

If YES to either of the above please provide details:

18. If more than one person has an interest in the collection, the names of all parties and the nature of their interest should be stated.

DECLARATION

To the best of my knowledge and belief the information 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 any non-disclosure or misrepresentation, of a material fact may entitle Underwriters to void the insurance.

(*A material fact is one likely to influence acceptance or assessment of this proposal to Underwriters: if you are in any doubt as to what constitutes material fact you should consult H W Wood Limited).

I understand that the signing of this proposal does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this proposal and the statements made herein shall form the basis of the contract.

Signature of Proposer: _____

Date: _____