

Art & Antique Collectors Insurance enrollment form

For internal use only

Agent name

Agent no.

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 ✓ 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)

Please complete in **BLOCK LETTERS**. All fields are mandatory, except the fields marked with #.

1. Applicant's information

Name of Insured (as to appear on policy)

HKID card no./Passport no.*

Date of birth#

Gender

Occupation#

Marital status#

Correspondence address

Flat/Room*

Floor

Block

Building

Estate name/No. & name of street/Lot no.*

District

HK/KLN/NT*

Mobile phone no.

Day time telephone no.

Email address

Address of the main location (please list any additional named locations on a separate page):

Flat/Room*

Floor

Block

Building

Estate name/No. & name of street/Lot no.*

District

HK/KLN/NT*

Yes

No

1. Are/Do the premises:

(a) In a good state of repair?

*

(b) Susceptible to or in an area with a history of flooding?

*

(c) Have a basement in which the collection is stored?

*

2. Are your premises occupied at night?

*

3. Are the premises left unattended for a period longer than 14 days at any time?

*

If you have ticked any of the boxes marked asterisk above, please give full details: (in a separate sheet)

2. 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="checkbox"/> | <input type="checkbox"/> |
| (a) Is it connected to the police/central station? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Does it cover all areas containing the insured items? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Is the system maintained annually under contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are the premises protected by CCTV? | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Does the CCTV have a recording facility? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) How long are tapes kept before being reused? | | |
| <hr/> | | |
| 3. Give full details of how all external or internal doors allowing access to your premises are protected (please state type of locks, e.g. 5-lever mortise deadlocks, etc.): | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 4. Give full details of how all windows or skylights are protected (e.g. grilles, bars, security film, type of glass): | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |

| | Yes | No |
|--|--------------------------|--------------------------|
| 5. Details of fire protections. Do you have: | | |
| (a) Fire alarm? | <input type="checkbox"/> | <input type="checkbox"/> |
| If Yes, is it connected to a central station? | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Fire extinguishers? | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Smoke detectors/alarm? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Is there a safe or strongroom? If Yes, please state | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) Make | | |
| (b) Model | | |
| (c) Approximate weight (kg) | | |
| <hr/> | | |

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

3. Cover required (continued)

3. What are the five highest value items:

| | |
|-------|-------------|
| _____ | Value _____ |
| _____ | Value _____ |
| _____ | Value _____ |
| _____ | Value _____ |
| _____ | Value _____ |

Yes No

5. Do you have a full schedule of items which are to be insured?

If No, please provide a split between the total value of scheduled items and non-scheduled items:

Scheduled items _____ Value _____

Non-scheduled items _____ Value _____

5. Have you had a professional valuation completed?

If Yes, please confirm the date of the valuation(s) and by whom they were provided:

6. Do you require cover for your collection whilst in transit or away from your named location(s)?

If Yes, please confirm the sum insured required for transit/unnamed locations:

What territorial limits do you require?

4. Defective title

1. This provides indemnity against financial loss caused by the purchase, in good faith, of items where you do not acquire good title. Yes No

(a) Is cover required?

(b) What limit of indemnity is required? _____

5. Insurance history

1. Have you suffered any loss or losses that may have resulted in a claim under this type of policy?

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?

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?

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?

5. Have you or any member of your household had any convictions, other than for motoring offences?

5. Insurance history (continued)

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

6. Declaration

1. Signing this Form does not bind the applicant 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.
4. I/We hereby authorize any company within the Zurich Insurance Group which is in possession of my/our personal information to release part or all of the information to the Company or its agents.

7. Notice to customers relating to the Personal Data (Privacy) Ordinance ("Ordinance")

The personal information of customers (including policyholders, insured persons, beneficiaries, premium payors, trustees, policy assignees and claimants) collected or held by **Zurich Insurance Company Ltd ("Company")** from time to time, which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer (such as claim information and medical history received from third parties), may be used by the Company and/or a company within its group ("**Zurich Insurance Group**") for the 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).

Please read carefully the details of the Company's privacy policy which is made available on our website at www.zurich.com.hk/pics or by scanning the QR code. You may also contact our Customer Care Center at 2968 2288 or insurance intermediaries for enquires.

Consent for marketing purposes – Voluntary:

Certain personal information of policyholders and insured persons collected or held by the Company (which also includes data collected or generated in the ordinary course of the Company's business and the continuation of relationship with the customer), in particular, names, contact information, age, gender, identity document reference, marital status, financial background, demographic data, transaction pattern and behavior, policy information, claim information, and medical history may be used by the Company, **only upon having such policyholders' or insured persons' consent or indication of no objection**, for providing marketing materials and conducting 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 (such as reward, loyalty, co-branding or privileges programs and related services and products, services and products offered by the Company's business or co-branding partners, donations or contributions for charitable and/or non-profit making purposes). For the avoidance of doubt, the latest instruction (for example, consent or indication of no objection, or request for opt-out) received from a customer shall override any previous instruction given to the Company in this regard in relation to all personal information of the customer collected or held by the Company from time to time.



The Company may provide (and may receive money or property in return for providing) certain personal information, in particular, name, contact information, age, gender and policy information of a policyholder and an insured person, **only upon having such policyholder's and insured person's written consent**, to be used by the following parties, within or outside of Hong Kong, for their own and/or the Company's **marketing purposes** set out above:

- (1) companies within the Zurich Insurance Group;
- (2) other banking/financial institutions, commercial or charitable organizations with whom the Company maintains business referral or other arrangements;
- (3) third party reward, loyalty, co-branding or privileges program providers;
- (4) third party marketing service providers and insurance intermediaries.

I/We understand that I/we can withdraw any consent provided for marketing purposes anytime by notice to the Company.

I/We do not agree to the use or transfer of my/our personal data for marketing purposes as set out above.

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

Signature of applicant

Day Month Year
Date

