

PROPOSAL FORM FOR NORTH AMERICAN CONSERVATORS

Before you begin the process of completing this application, please read the declaration at the end of this form carefully as you are required to sign. Please answer all questions in full and if necessary, you can attach other pages on your letterhead. Also, please enclose any brochures or contracts issued by your business.

SECTION ONE – APPLICANT INFORMATION

Contact's Name: _____

Position with company: _____

Business Name (If different) _____

Contact Telephone # _____ Cell # _____

Office Telephone # _____ Fax # _____

Email Address _____ Website _____

Would you like to correspond via email? Yes _____ No _____

Mailing Address including Zip: _____

Is this business solely owned or do you have partners? Solely Owned _____ Partners _____

Please list all partners and their contact info:

Partner Telephone No. _____

E-mail Address: _____

Partner Telephone No. _____

E-mail Address: _____

Partner Telephone No. _____

E-mail Address: _____

The Broker of Choice



Page Two Conservator's Choice Application

Please state which category of membership you have in the American Institute for Conservation of Historic and Artistic Works and how long have you been a member of the AIC. (*e.g. *Senior Fellow/Professional Associate*)

Membership	Years	Months

Names of all directors/ partners/principals	Applicable Qualifications	Date Obtained	Number of Years as a director/ partner/principal

(b) If you are sole principal / partner, is this a part time occupation? Yes No

If Yes, give brief details of current full time occupation: _____

(c) How long have you been engaged in conservation/restoration work? _____

(d) Additional info regarding experience, training, special courses of study _____

SECTION TWO: PROPERTY LOCATION AND UNDERWRITING

- (a) Do you share your main location? Yes No
 If Yes, with whom and for what purposes? _____
 Is your main location in your home or in a separate building? _____

- (b) Please specify the following for the main location:

Is the building construction?
(please check appropriate box(es))

Frame
 Joisted Masonry
 Masonry Non Combustible
 Non Combustible
 Fire Restrictive

What is the age of the building? _____

If the building is over 30 years old please provide date and extent of renovation or upgrades for:

	Extent	Date
Wiring		
Plumbing		
Heating		
Roof		

- (c) Other than for work carried out away from your premises, do you occupy any other location for the purpose of the business? Yes No

If Yes, complete an additional location sheet for each.

SECTION 3: PROTECTIONS

- (a) Is a burglar alarm fitted? Yes No
- If Yes, is it?
- Central Station Line Security Police Department Connection
- (ii) Is there a maintenance contract? Yes No
- (iii) Does it protect all areas containing the insured items? Yes No
- (b) State types of locks on all external _____ doors: (e.g. five lever mortise deadlock, etc.)
- (c) State types of locks on all windows _____ and skylights: (e.g. screw or key operated)
- (d) Are there:
- (i) Fire extinguishers? Yes No
- (ii) Fire alarms? Yes No
- (iii) Smoke detectors? Yes No
- (iv) Sprinklers? Yes No
- (e) Are there any other fire or security protections? If Yes please give details:

SECTION 4: BUSINESS ACTIVITIES

(a) Describe the nature of articles you work on _____

Other than restoration/conservation, does your work include?

- (i) Valuations? Yes No
- (ii) Condition reports? Yes No
- (iii) Sales? Yes No
- (iv) Framing? Yes No

Please advise details of any other work you undertake: _____

(b) Do you use any hazardous tools, such as burning and welding equipment or do you engage in any hazardous restoration/conservation work including work at height reasonably requiring the use of ladders or scaffolding? Yes No

If Yes, give details _____

SECTION 5: ENTRUSTMENTS

- a) value of entrustments worked on in the last 12 months
- (b) the maximum value of entrustments held at any one time
- (c) the average value of entrustments held at any one time

Do you issue written conditions for acceptance of entrustments which deny responsibility for insurance coverage unless specifically agreed with the client? Yes No

If Yes, enclose / attach a copy of your standard contract.

SECTION 6: PREVIOUS INSURANCE

Name of previous insurers and carrier (if any) _____

Please advise the expiry date of previous policy _____

Has any Insurer declined to accept, cancelled, refused to continue or agreed to continue only on special terms any insurance for you or any other person to whom this insurance would apply? Yes No

If Yes, give details

Do you have a BOP (Business Owner's Policy)? _____ Yes _____ No

If yes, which insurance company are you insured with? _____

SECTION 7: LOSSES

Have you or any principals, partners and directors sustained any loss or damage during the last five years which would have been covered by this type of insurance had it been in force? Yes No

Have you any outstanding claims or suits against you as a result of alleged professional negligence? Yes No

If Yes to either of the above, for each incident give the approximate date, brief circumstances and amount on the next page

Date	Circumstances	Amount

SECTION 8: OTHER INFORMATION

Have you or any principals, partners or directors ever been convicted of arson or any offence involving dishonesty, e.g. fraud, grand larceny or receiving stolen goods?

Yes

No

If yes, give details _____

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

Yes

No

If yes, give details _____

SECTION 9: COVERAGE REQUIRED

Please state the limits required for each of the following items:

SECTION A: PROPERTY

i) Consignments at Insured's main location

\$

ii) Insured's Contents at main location (tools, equipment)

\$

iii) Property (Consignments, tools, field equipment) at any one location other than main location

\$

iv) Property (Consignments, tools, field equipment) in Transit within the policy's territorial limits (USA/Canada/Worldwide)

\$

SECTION B: PROFESSIONAL INDEMNITY

Limit of Professional Indemnity coverage required

\$

ANY PERSONS WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY MATERIAL FACT THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

DECLARATION

I hereby declare that the above statements are true and complete. I make this application with knowledge that any insurance to be issued will be based on the statements contained herein, and such statements shall, in the insurance, be deemed warranties and representatives, as shall the statements contained in any supplementary information supplied in furtherance of this proposal.

Signing this form does not bind the Applicant to complete the insurance, nor does receipt of the Application bind any insurer to accept the same.

Signature of Applicant _____

Date _____