

INDEPENDENT INSURANCE INTERMEDIARY

AIR Artists Insurance Policy Developed in conjunction with a-n The Artists Information Company, acting on behalf of members of

AIR (Artists' Interaction and Representation)

Proposal Form for Bespoke Cover

IMPORTANT NOTICE: Please read carefully before completion.

The information supplied on this form will be used to obtain quotations from insurers and will be incorporated into any policy of insurance subsequently effected in the form of a Statement of Fact. It is important that all relevant information is disclosed to an insurer as any nondisclosure or misrepresentation of a material fact could invalidate all or part of the Insurance contract.

A material fact is a fact likely to influence the Underwriters assessment of the risk. If you are in any doubt as to what constitutes a material fact, please contact us for guidance.

YOUR DETAILS

Proposed Insured:	
Correspondence Address:	Telephone: Mobile: E-Mail: Website:
Legal Status:	Sole Proprietor Limited Company Partnership / Joint Venture Limited Liability Partnership Community or Members Group Other
AIR Membership Reference No:	
Please give a brief description of your artistic practice including details of materials and processes you commonly use:	
Year Practice Started:	Current Insurer: Renewal Premium:
Period of Insurance Req'd:	to,both dates inclusive

Section 1 –Artwork & Artists Materials				
Is cover required?	NO			
What is the maximum value of Artwork, Work-ir		als		Note 1. The values entered should reflect
in your premises at any one time (excluding Spe	ecified Materials below)? 56	ee Note 1	£	the maximum value of your Artwork at Net Sale Price, which is the net
What is the maximum value of Artwork, Work-ir premises at any one time including Precious Me			£	amount you would receive on a sale of the work or if the work was commissioned.
3. Maximum value of any single item of Artwork?			£	Always ensure you do not
 a) Do you want to extend cover to insure Artwo from your premises (incl. whilst in transit and 			NO	understate values since if you do the Underwriters will be entitled to proportionately reduce the amount of any claims.
b) If yes, what is the maximum value of Artwork your premises at any one time?	c and Artists Materials awa	y from	£	
Section 2 – Artists Tools, Equipment & Other P	roperty			
Is cover required? YES	NO			
Address of Studio Premises - <i>see Note 2</i> :				
Premises 1.				Please enter the address(es) of the studio premises at which you wish to insure your contents. If you
Premises 2.				have no separate studio, put your home address.
What cover do you require at your studio (excluding				
Item	Premises 1 Sum Insured		remises 2 Im Insured	3. Do not include in this table any items that you use away from your studio, these should be entered in
Computer Equipment	£	£		the table below.
Tools, Equipment and All Other Contents	£	£		
Goods Held in Trust (<i>excluding</i> Precious Metals, Precious Stones and Jewellery) <i>see Note 4</i>	£	£		4. Goods held in trust relates to any property belonging to someone else
Goods Held in Trust <i>(including</i> Precious Metals, Precious Stones and Jewellery) <i>see Note 4</i>	£	£		that is entrusted to you and for which you are responsible.
Studio Buildings see Note 5	£	£		5. Studio Buildings should only be entered if you own (and do not lease
Studio Improvements see Note 6	£	£		or rent) your studio premises, which are separate from where you live.
Portable property used away from your studio:				Studio Improvements refer to any expenditure that you have incurred
Item	UK / Europe Sum Insured		Vorldwide ım Insured	in making improvements to your leased or rented studio space.
Tools & Equipment	£	£		
Portable Computer Equipment	£	£		
Audio Visual, Film & Photographic Equipment	£	£		
Any Other Property: (please specify) – see Note 7	£	£		7. Please use this box to enter details of any property not specified
Section 3 – Business Interruption Note: Cover under this section automatically applies Annual Gross Profit		ve been se	elected.	in the table above. 8. Your Gross Profit is your total
The policy will automatically provide cover for up to for annual Gross Profit if this is caused by an insured	loss under Sections 1 or 2			income from your Artistic Practice less any costs directly attributable to the making of the Artwork such as material, labour and
Do you require this limit to be increased? – see Note	8	YES	NO	transportation costs.
If yes, please state the total limit of cover required?		f	2	The sum insured for Gross Profit should be sufficient to cover your total Gross Profit for a period of 12
Accounts Receivable				months from the date of the claim.
The policy will automatically provide cover for up to Accounts Receivable.		YES	NO NO	9. Accounts Receivable represent the amount owing to you from

Do you require this limit to be increased? – see Note 9

Cover Required	: Employers' Liability see Note 1 Public/Products Liability	O YES	NO L	Indemnity applies to Employers Liability cover.
	the total number of people engaged by your artisticee Notes 11 to 14:			
Category	Description of Activities	Number of Proprietors / Business Partners?	Number of Directors & Permanent Employees (inc Freelance Workers)	 11. Please enter the number of people engaged in each categor work. 12. An Employee is any person v is working for you under your di control regardless of whether there is self-employed for the purpoof taxation and includes unpaid volunteers.
1	Teaching, preparation and display of static art excluding use of applied heat away from own premises, including open studios, open houses and exhibitions			Please only enter Employees that work on a permanent basis (exc of 100 days per year), other employees are dealt with below
2	As per 1 plus film & photographic production and live physical performances excluding use of fire & pyrotechnics			13. Each person should only be entered once, if they undertake range of activities please enter t into the highest applicable cated
3	As per 2 plus preparation and display of static art including the use of heat away from own premises			
4	As per 3 plus live physical performances involving fire & pyrotechnics, work above 10 metres in height, work at Hazardous Premises and any other hazardous activity			
5	Use of fixed woodworking machines:			14. Does not apply to use of portable woodworking equipme
emporary basis f Yes, please ir i) Up to ii) Between	employees or freelancers (see Note 12) on a 5? Indicate the estimated total number of days worked a maximum of 50 days per year een 51 and 100 days per year than 100 days per year	YES	NO	15. The amount entered should represent the total number of downred by all temporary employ (i.e. those working less than 10 days per year) e.g. 1 employee 50 days per annum = 50 days; 2 employees @ 25 days each = 50 days etc.
	ployment Costs e Period of Insurance requested above, please please to:	provide estimates fo	r the following:	
Clerical, Mana	gerial & Non-Manual Workers		£	
Manual Worke	ers (inc Freelancers) on own premises		£	
Employees usi	ing fixed Woodworking Machines on own premises		£	
Manual Worke	ers (inc Freelancers) away from own premises – Cat	tegory 1	£	
Manual Worke	ers (inc Freelancers) away from own premises – Cat	tegory 2	£	
Manual Worke	ers (inc Freelancers) away from own premises – Cat	tegory 3	£	
Manual Worke	ers (inc Freelancers) away from own premises – Cat	tegory 4	£	
Estimated Tur	nover			
·	e Period of Insurance requested above, please p		r the following:	
supplied to the	nover (excluding turnover derived from activities in e USA or Canada)		£	
Estimated Tur	nover derived from activities in or artwork supplied	to the USA or	£	

ADDITIONAL INFORMATION

Information about your Studio Premises	
In respect of all of your studio premises, are the premises:	
1) in a good state of repair?	
2) constructed with more than 10% combustible materials?	
3) heated using portable paraffin or gas heaters?	
4) flat roofed with felt on timber comprising more than 25% of the roof area?	
5) fitted with key operated locks to all accessible windows?	
6) ever been affected by Subsidence, Heave or Groundslip?	
7) self contained with their own lockable entrance?	
8) have (BS3621) 5-lever mortise dead lock on all entrances & exits?	
9) in an area prone to flooding?	
10) protected by an intruder alarm system?	
If yes, please advise if the intruder alarm system:	
i) Is the alarm maintained by a company approved by either N.S.I or S.S.A.I.B.?	
ii) is linked to a security company receiving center / the police?	
If yes, please state method of signaling (e.g. Redcare)?	
	proposal.
Information about your artistic practice	
In connection with your practice, do you:	17. Does not apply to use of Pottery
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17	
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17 b) use heat equipment on own premises? see Note 17	17. Does not apply to use of Pottery
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17	17. Does not apply to use of Pottery
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17 b) use heat equipment on own premises? see Note 17 2) undertake work at heights over 10 metres above ground level (or floor level in the	17. Does not apply to use of Pottery
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17 b) use heat equipment on own premises? see Note 17 2) undertake work at heights over 10 metres above ground level (or floor level in the case of work inside a building or structure)? 3) undertake work at any power stations, nuclear installations or establishments, refineries, premises connected to the oil, gas or chemical industries, aircrafts,	17. Does not apply to use of Pottery
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17 b) use heat equipment on own premises? see Note 17 2) undertake work at heights over 10 metres above ground level (or floor level in the case of work inside a building or structure)? 3) undertake work at any power stations, nuclear installations or establishments, refineries, premises connected to the oil, gas or chemical industries, aircrafts, aerospace systems or watercrafts, railways, airports, underground or underwater?	17. Does not apply to use of Pottery Ovens or Kilns.
In connection with your practice, do you: 1) a) use heat equipment on third party premises? see Note 17 b) use heat equipment on own premises? see Note 17 2) undertake work at heights over 10 metres above ground level (or floor level in the case of work inside a building or structure)? 3) undertake work at any power stations, nuclear installations or establishments, refineries, premises connected to the oil, gas or chemical industries, aircrafts, aerospace systems or watercrafts, railways, airports, underground or underwater? 4) undertake work in the United States of America or Canada?	17. Does not apply to use of Pottery
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Previous Claims / Loss History

Please disclose any insurance claims made in connection with your artistic practise in the previous 5 years below -see Note 20:

Date	Incident Details	Amount	Claim Settled?
		£	
		£	
		£	

General	Disclosure	and Material	Information	see Note 2	, 1
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In relation to your artistic practise, have you or any business partners (or if a company, any director):

- ever had an insurance declined, cancelled or renewal refused or had special terms, restrictions or conditions imposed by an insurer?
- 2) been prosecuted, or have any prosecution pending, under the Health & Safety at Work Act or any similar legislation?
- 3) been declared bankrupt or been disqualified from being a company director?
- 4) been involved as owner, director or partner of any company that went into receivership, administration or liquidation?
- 5) been the subject of (or have pending) any County Court Judgements?
- 6) been convicted, or charged (but not yet tried) in respect of any criminal offence?

Additional Information and Material Facts to be disclosed to Underwriters - see Note 22:	

20. Please also include details of any incidents that would have formed a valid claim under this policy even if no claim was actually made.

21. If you have answered Yes to any of these questions, please provide full details in the box below.

22. Please use this box to further expand on any answer provided or to enter any details not requested above and that may materially effect the assessment of your proposal

Declaration

I/We declare that to the best of my/our knowledge or belief the particulars and statements given in this document and any additional information provided to Hencilla Canworth are true and complete.

Sign here:	Dated:
Print your name:	Position Held:

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