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| title | **Artists Insurance Policy**  **Exhibition Insurance for a-n Artist members** | a-n logo |  |
| **APPLICATION FORM** | | |

IMPORTANT NOTICE: Please read carefully before completion.

This form is designed for artists who want to take out insurance cover for Artwork whilst in transit to/from and whilst on display at an exhibition.

This cover is only available to a-n Artist members who meet the qualifying criteria stated on page 2 and who can meet the eligibility criteria set out below. **If not, please contact Hencilla Canworth for a bespoke quotation.**

It is important that all relevant information is disclosed to an insurer as any non-disclosure or misrepresentation of a material fact could invalidate all or part of the Insurance contract. A material fact is anything likely to influence the Underwriters assessment of the risk. If you are in any doubt as to what constitutes a material fact, please contact Hencilla Canworth for guidance.

**Please note that no cover will apply until confirmed in writing by Hencilla Canworth.**

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| **YOUR DETAILS** | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | |
| Correspondence Address: |  | | | | | | | | | | | | |
| Telephone Number: |  | | | | Mobile Number: | | | | |  | | | |
| E-mail Address: |  | | | | Website: | | | | |  | | | |
| AIR Membership Reference Number: |  | | | | Please state the date you wish your insurance to commence: | | | | |  | | | |
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| **EXHIBITION DETAILS** | | | | | | | | | | | | | |
| Venue Address: |  | | | | | | | | | | | | |
| Exhibition Dates\*: | Start | | | /    / | | | | Finish | | | | /    / | |
| **\*Please note that cover is only available for exhibitions that commence within the next 30 days** | | | | | | | | | | | | | |
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| **COVER OPTIONS** | | | | | | | | | | | | | |
| ***Please select one option from the list below:*** | | | | | | | | | | | | | |
| ***Artwork Sum Insured*** | | ***Premium Required for Exhibitions up to 1 month in duration*** | | | | ***Select*** | | | ***Premium Required for Exhibitions up to2 months in duration*** | | | | ***Select*** |
| **£20,000** | | **£127.00** | | | |  | | | **£127.00** | | | |  |
| **£30,000** | | **£127.00** | | | |  | | | **£134.07** | | | |  |
| **£40,000** | | **£127.00** | | | |  | | | **£173.76** | | | |  |
| **£50,000** | | **£147.30** | | | |  | | | **£213.45** | | | |  |
|  | | | | | | | | | | | | | |
| Please advise the maximum value of any single individual item of Artwork: | | | | | | | | | | | | | £ |
|  | | | | | | | | | | | | | |
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| **IMPORTANT:**   * **All premiums quoted are inclusive of 12% Insurance Premium Tax and a £15.00 administration fee.** * **Please refer to the AIP** [**Policy Summary**](https://www.hencilla.co.uk/assets/Uploads/Artists-Insurance-Policy-Summary-2017.pdf) **for details of the principal terms, conditions and exclusions (a full Policy Wording is available upon request)** * **No cover will apply until confirmed in writing by Hencilla Canworth** * **Requests for cover that commence more than 30 days in the future will not be accepted** * **Cover for Arson, Theft or Flood is not available in certain areas, or may only be available with additional underwriting terms applied. In such cases Hencilla Canworth will contact the applicant in advance of cover commencing** * **This cover applies to work created by the applicant only. If cover is required for work held in trust by the applicant then please contact Hencilla Canworth for a bespoke quotation** | | | | | | | | | | | | | |
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| **Need more or longer cover? Need cover for a touring exhibition?**  **The contact Hencilla Canworth for a bespoke quotation:** | | | | | | | | | | | | | |
| **Telephone: 020 8686 5050** | | | **Fax: 020 8686 5559** | | | | **E-mail:** [**arts@hencilla.co.uk**](mailto:air@hencilla.co.uk) | | | | **Internet:** [**www.hencilla.co.uk**](http://www.hencilla.co.uk) | | |

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| title | **Artists Insurance Policy**  **Exhibition Insurance for a-n Artist members** | a-n logo |  |
| **QUALIFYING CRITERIA & STATEMENT OF FACT** | | |

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| **ELIGIBILITY** |
| This policy is available to all UK based Artist members of a-n The Artists’ Information Company in respect of their artistic practice, who comply with the following Qualifying Criteria and Statement of Fact. Other a-n Artist members should contact Hencilla Canworth for a bespoke quotation. |

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| **QUALIFYING CRITERIA & STATEMENT OF FACT** | |
| By accepting this insurance you confirm that the facts stated below are true. These statements, and all information you or anyone on your behalf have provided to Hencilla Canworth will be incorporated into and form the basis of the policy.  If anything in these statements is not correct, the Underwriters will be entitled to treat this insurance as void. | |
| **Information About The Artwork To Be Insured** | |
| In respect of the Artwork, you agree that: | |
| * it does not include any form of precious metals &/or precious stones * it will be appropriately packed for transit to minimise the risk of damage * in respect of portable items with an individual value exceeding £1,000, appropriate steps have been taken to secure the items during the Exhibition * it will be exhibited within a building that will be secured against illegal entry during the periods when the exhibition is closed to the public | |
| ***Please check this box to confirm you comply with the above statements:*** |  |
| **General Disclosure And Material Information** | |
| In relation to your artistic practice, you have never: | |
| * had an insurance declined, cancelled or renewal refused or had special terms, restrictions or conditions imposed by an insurer * been prosecuted, or have any prosecution pending, under the Health & Safety at Work Act or any similar legislation * been declared bankrupt or been disqualified from being a company director * been involved as owner, director or partner of any company that went into receivership, administration or liquidation * been the subject of (or have pending) any County Court Judgments * been convicted, or charged (but not yet tried) in respect of any criminal offence | |
| ***Please check this box to confirm you comply with the above statements:*** |  |
| **Information About Previous Claims or Losses** | |
| In relation to your artistic practice, in the last 3 years you have not sustained: | |
| * any single loss or damage to property exceeding £1,000 (whether or not insured) * any combination of loss or damage to property exceeding £5,000 (whether or not insured) | |
| ***Please check this box to confirm you comply with the above statements:*** |  |

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| **PAYMENT INSTRUCTIONS** | | | | | | | | | | |
| I wish to pay by (please tick as appropriate): | | | | | | | | | | |
| i) | Payment in full by cheque (enclosed) payable to **Hencilla Canworth Limited:** | | | | | | | |  | |
| ii) | Credit or Debit Card(other than American Express or Electron)detailed below: | | | | | | | |  | |
|  | | | | | | | | | | |
|  | Cardholders Name: |  | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  | Card Number: |  | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  | Security Code: |  | | Expiry Date: | / | Valid From or Issue Number: | | / | |  |
|  |  |  | |  |  |  | |  | |  |
|  | Card Registered: | Postcode: | |  | House Number or Name |  | | | |  |
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| **To arrange cover please post / fax / e-mail the completed form to Hencilla Canworth:** | | | | | | | | | | |
| **Hencilla Canworth Limited, Simpson House, 6 Cherry Orchard Road, Croydon, Surrey, CR9 6AZ** | | | | | | | | | | |
| **Telephone: 020 8686 5050** | | | **Fax: 020 8686 5559** | | | | **E-Mail: arts@hencilla.co.uk** | | | |
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