



QUESTIONNAIRE FOR QUOTATION

1. CLIENT INFORMATION

| | |
|------------------------|--|
| Name of Insured | |
| Date of Birth | |
| Nationality | |
| HKID / Passport No | |
| Occupation / Position | |
| Name of Employer | |
| Correspondence Address | |
| Contact No. | Home - / Office - / Mobile - |
| Email Address | |

2. PROPERTY DETAILS

| | |
|--|---|
| Location Address | |
| Type of Occupancy | <input type="checkbox"/> Owned (Occupied) <input type="checkbox"/> Owned (Vacant without Furniture) <input type="checkbox"/> Owned (Let out) <input type="checkbox"/> Tenant |
| Type of Property | <input type="checkbox"/> Apartment <input type="checkbox"/> Terraced House <input type="checkbox"/> Semi-detached House <input type="checkbox"/> Individual House |
| Year Built | |
| Gross Floor Area | |
| No. of years lived at current address | |
| House is in current or planned renovation in next 12 months, if so, please specify | |

3. SECURITY DETAILS

| | |
|--------------------------------|--|
| Burglar Alarm | <input type="checkbox"/> Closed circuit TV <input type="checkbox"/> Motion detection system <input type="checkbox"/> Local monitored <input type="checkbox"/> Central monitored <input type="checkbox"/> No |
| Name of Installer | |
| Name of Maintenance Contractor | |
| Home Safe | Brand _____ <input type="checkbox"/> (Type – Bolted Down) <input type="checkbox"/> (Type – Free Standing), please advise the weight _____ |
| Fire Fighting Equipment | <input type="checkbox"/> Fire-Alarm <input type="checkbox"/> Hose Reels <input type="checkbox"/> Extinguishers <input type="checkbox"/> No <input type="checkbox"/> Regular maintenance work carried out by registered fire service installation contractor |



4. COVERAGE & SUM INSURED

| Building | Sum Insured on Rebuilding Cost HK\$ | | | | | | | | | | | | | | |
|---|--|---------------------------|-----------------------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|------------------|-----------|-----------|-------------|-------------|
| Building – On Fixtures & Fittings only, not including the construction cost. | Sum Insured on Replacement Cost HK\$ | | | | | | | | | | | | | | |
| Contents | Sum Insured on Replacement Cost HK\$ | | | | | | | | | | | | | | |
| Private Collections | <table border="1"> <thead> <tr> <th><i>Specified Coverage</i></th> <th><i>Unspecified Coverage</i></th> </tr> </thead> <tbody> <tr> <td>Jewellery HK\$</td> <td>Jewellery HK\$</td> </tr> <tr> <td>Paintings HK\$</td> <td>Paintings HK\$</td> </tr> <tr> <td>Sculpture HK\$</td> <td>Sculpture HK\$</td> </tr> <tr> <td>Antiquities HK\$</td> <td>Antiquities HK\$</td> </tr> <tr> <td>Wine HK\$</td> <td>Wine HK\$</td> </tr> <tr> <td>Others HK\$</td> <td>Others HK\$</td> </tr> </tbody> </table> <ul style="list-style-type: none"> ● Please provide the inventory list with breakdown value for Specified Coverage ● Please declare the categories of Others ● Do you use bank vault to keep the Jewellery ? <input type="checkbox"/> Yes <input type="checkbox"/> No ● Do you travel with the Jewellery less than 4 weeks for the year in average ? <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Specified Coverage</i> | <i>Unspecified Coverage</i> | Jewellery HK\$ | Jewellery HK\$ | Paintings HK\$ | Paintings HK\$ | Sculpture HK\$ | Sculpture HK\$ | Antiquities HK\$ | Antiquities HK\$ | Wine HK\$ | Wine HK\$ | Others HK\$ | Others HK\$ |
| <i>Specified Coverage</i> | <i>Unspecified Coverage</i> | | | | | | | | | | | | | | |
| Jewellery HK\$ | Jewellery HK\$ | | | | | | | | | | | | | | |
| Paintings HK\$ | Paintings HK\$ | | | | | | | | | | | | | | |
| Sculpture HK\$ | Sculpture HK\$ | | | | | | | | | | | | | | |
| Antiquities HK\$ | Antiquities HK\$ | | | | | | | | | | | | | | |
| Wine HK\$ | Wine HK\$ | | | | | | | | | | | | | | |
| Others HK\$ | Others HK\$ | | | | | | | | | | | | | | |
| Personal Liability (Not applicable for Standalone Private Collections Cover) | <input type="checkbox"/> Limit HK\$10,000,000 Optional <input type="checkbox"/> HK\$20,000,000 <input type="checkbox"/> HK\$30,000,000 <input type="checkbox"/> others _____ | | | | | | | | | | | | | | |

CONTRACTUAL HISTORY

- The policyholder declares that he/she has never been refused insurance for the risk presented
- The policyholder declares that he/she has never had insurance cancelled for the risk presented by another insurer
- The policyholder declares that he/she has never had insurance forfeited due to false declaration or non-payment of premium
- Neither the Insured Person nor his family has a criminal record
- During the last three (3) years, the Insured Person has not sustained any loss(es) or damage(s) whether insured or not
- The Insured Person is not a fine art dealer who generates more than 50% of his/her personal income from the trading of fine arts