

Art Galleries & Museums

Please answer all questions, sign and date. If the questions do not apply, write N/A

Name _____
 Mailing address _____
 Contact Name _____
 Telephone Number () _____ Fax Number () _____
 E-mail Address _____ World Wide Web Address _____
 Applicant is Individual Partnership Corporation Other _____
Desired effective date of coverage _____ **Desired limits of liability** _____ **Desired transit limits** _____
 Referred by _____

Description of Business

Describe business of insured gallery private dealer consultant framer bailee artist other
 Name of Director _____
 Professional background of all principals _____
 List art associations where you hold memberships _____
 How long have you been in business _____ (If less than 3 years, then list previous experience on separate page)

Fine Art Inventory

Type of Fine Art (Old Masters, Contemporary, Antiques, Pre-Columbian, etc) _____
 Describe type of inventory: (medium/percentage of total stock)
 Painting _____% Prints _____% Photographs _____% Antique Jewelry _____%
 Drawings _____% Crafts _____% Porcelain/Glass _____% Antique Furniture _____%
 Silver/precious metals _____% Sculpture (fragile) _____% Sculpture (non-fragile) _____%
 Outside Sculpture _____% Tapestries, rugs, fabrics _____% Rare books/manuscripts _____%
 Average total value of fine arts
 your own property, based on selling price \$ _____
 property of others, based on the consigned value \$ _____
 if art reference library is to be included, based on replacement cost \$ _____
 Last inventory was taken on _____ and was \$ _____
 with value based on _____
 Do you retain clear title to each object in your inventory? yes no If no, please explain _____
 Annual sales past 3 years _____, _____, _____

Location Information

Primary location address _____
 (if multiple locations used for your business, complete additional location application attached)
 Construction of building fire resistive masonry frame
 Year built _____ Square footage you occupy _____ Number of floors in building _____
 Floor(s) number you occupy _____ If basement occupancy, are items kept at least 12 inches off floor yes no
 Is this your residence yes no Type of occupants in building _____

Please attach a photograph of the exterior of the location

Fire Protection

Do you have a local fire/smoke alarm yes no A central station fire/smoke alarm yes no
 Name and address of alarm company _____

Is your central station fire alarm listed and installed per UL specifications _____
 Certificate # _____ Expiration Date _____

Number of fire extinguishers in your space _____ Are they serviced annually yes no
 Is the building sprinklered _____ Is your space sprinklered _____
 Number of smoke detectors _____ Battery operated Hard wired

Approximate distance to: Police station _____ Fire Department _____ Fire hydrant _____

Security

Do you have a local burglar alarm yes no A central station burglar alarm yes no
 Name and address of alarm company _____

Is your central station fire alarm listed and installed per UL specifications _____
 Certificate # _____ Expiration Date _____
 Extent of protection _____

Are there dead bolt locks on all exterior doors yes no Are small items displayed in locked cases yes no

Transit/Shipments

| Mode | Usual Method of Transporting Art | | | | Alarmed |
|--------------------------|----------------------------------|-----------|-----------------|------------------|---------|
| | Name of Carrier | Frequency | Estimated Value | Operating Radius | |
| Fine Art Carrier | _____ | _____ | _____ | _____ | _____ |
| Express Carrier | _____ | _____ | _____ | _____ | _____ |
| Mail | _____ | _____ | _____ | _____ | _____ |
| Own Vehicle | _____ | _____ | _____ | _____ | _____ |
| Public Carrier/ Other | _____ | _____ | _____ | _____ | _____ |

Total Annual Values Shipped: Within U.S. _____ Outside U.S. _____

Present insurance company and agent _____
 Reason for changing _____

Loss Information: List all insured and uninsured losses during the past 5 years (Date, Amount, and Cause) _____

Have you had any insurance non renewed, cancelled or denied by any insurance company? yes no
 If so, please give the reason and name of insurance company involved _____

Please list any additional information that would have a bearing on this insurance (use additional pages as necessary) _____

Signed _____ Date _____
 Title _____