

COMMERCIAL FINE ARTS COLLECTION APPLICATION

In order to provide a Proposal of Insurance Coverage, please complete this application.

If you have any questions or need assistance, please call 1 866 692 4565

Please answer all questions. If the questions do not apply, enter N/A.

CLIENT INFORMATION:

Describe business of Insured:

- Gallery Private Dealer Consultant Framer Conservator Bailee Artist
 Other _____

If business of insured is 'Gallery' complete:

Name of Director: _____

Professional background of all Principals:

If business of insured is 'Gallery' or 'Private Dealer' complete:

Have you been in business less than 3 years? Yes No

If Yes, list previous experience:

Name of Business: _____

Mailing Address: _____

City: _____

State: _____ Country: _____

Zip or Postal Code: _____

Telephone Number: _____ (including area code)

Fax Number: _____ (including area code)

E-mail address: _____

Web Address: _____

Contact Name (first and last name): _____

Applicant is: Individual Partnership Corporation Other _____

Desired effective date of the policy: _____

Referred By: _____

Select Art Associations where the business holds membership (check all that apply):

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- ADAA - Art Dealers Association of America
- IFPDA - International Fine Art Print Dealers of America
- NAADAA - National Art and Antique Dealers Association of America
- PADA - Private Art Dealers Association
- FADA - Fine Art Dealers Association
- None at the present time
- Other _____

FINE ARTS INVENTORY

Type of Fine Art/Collections: _____
 (Examples: Old Masters, Contemporary, Antiques, Pre-Columbian, etc.)

Describe type of inventory (medium/percentage of total stock):

Paintings	_____ %	Drawings	_____ %	Prints	_____ %	Sculpture (fragile)	_____ %
						Sculpture (non-fragile)	_____ %
Silver/precious metals	_____ %	Crafts	_____ %	Jewelry	_____ %	Porcelain/Glass	_____ %
Outside Sculpture	_____ %	Antique Furniture	_____ %	Other	_____ %	Photographs	_____ %

Average total value:

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: _____

Value at last inventory: \$ _____

Value was based on: Purchase Price Selling Price Other _____

Do you retain clear title to each object in your owned inventory? Yes No

If "No", please explain: _____

Annual Sales for past 3 years, beginning with most recent

\$ _____, \$ _____, \$ _____

Transit / Shipments:

Usual Method of Transporting Art					
Mode	Name of Carrier/Shipper	Frequency of Use	Estimated Total Value	Operating Radius	Alarmed, Climate Controlled?
Fine Art Carrier					

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Express Carrier (ex., FedEx, UPS)					
USPS					
Own Vehicle					
Other					

Total Annual Values Shipped within the U.S. \$ _____

Total Annual Values Shipped outside the U.S. \$ _____

FACILITY INFORMATION

Is the Location address the same as the mailing address? Yes No

If "No", please enter:

Location Address: _____

City: _____

State: _____ Country: _____

Zip or Postal Code: _____

If the location is California or Florida, please complete supplemental page at the end of this application.

Is the location a warehouse or storage facility? Yes No

If "Yes", please complete the answer the following questions:

Name of Warehouse _____

Is the temperature in storage & receiving/unpacking areas controlled? Yes No

Is the temperature maintained as closely as possible at 70 – 72 degrees? Yes No

Is the humidity level in storage & receiving/unpacking areas controlled? Yes No

Is the humidity level kept as closely as possible at 50%? Yes No

Is the general public given access to storage & receiving/unpacking areas? Yes No

Are storage & receiving/unpacking areas secured during closed hours and are periodic security checks made during such hours? Yes No

Are storage areas well lighted by fluorescent fixtures and are goods exposed to sunlight (either through windows or skylight)? Yes No

If yes, are special devices/materials affixed or applied to these

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light sources to filter out harmful ultraviolet rays? Yes No

Number of guards when open: _____ Number of guards at night: _____

CONSTRUCTION OF THE BUILDING:

Fire Resistive Masonry Frame

Year built: _____ Square Footage you occupy: _____

Number of floors in the building: _____ Floor Number(s) you occupy: _____

Type of occupants in the building: _____

Is inventory stored / exhibited in basement or below grade? Yes No

If "Yes", are items stored at least 12 inches off the floor? Yes No

If "Yes", do you have water alarm monitors installed? Yes No

Average total value of Fine Arts/Collections to be kept at this location: \$ _____

FIRE PROTECTION

Does this facility or location have a local fire/smoke alarm? Yes No

Does this facility or location have a central station fire/smoke alarm? Yes No

If "Yes", please provide:

Name of Alarm Company: _____

Address: _____

City: _____

State: _____ Country: _____

Zip or Postal Code: _____

Is your central station fire alarm listed and installed per UL specifications? Yes No

Certificate # _____ Expiration Date: _____

Number of fire extinguishers in your space? _____ Are they serviced annually: Yes No

Is the building sprinklered? Yes No

Is your space sprinklered? Yes No

If yes, Dry Pipe Wet Pipe

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Number of Smoke Detectors: _____ Battery operated Hard Wired

Approximate distance to: Police Station _____ Fire Department _____ Fire Hydrant _____

SECURITY PROTECTION

Does this facility or location have a local burglar alarm? Yes No

Does this facility or location have a central station burglar alarm? Yes No

If "Yes", please provide:

Name of Alarm Company: _____

Address: _____

City: _____

State: _____

Country: _____

Zip or Postal Code: _____

Are there dead bolt locks on all exterior doors? Yes No

Are small items displayed in locked cases? Yes No

Any additional Fire and /or Security Protection Details (doorman, fire walls, etc.):

Please complete Facility Information, Fire Protection & Security Information for each location.

INSURANCE HISTORY

Do you presently carry Fine Arts/Collections Insurance? Yes No

If "Yes", please list the Insurance Company (not the broker) that provides your coverage including the expiration date of current coverage/policy:

Loss Information – Have you had any Fine Arts/Collections losses in the last 5 years? Yes No

If "Yes", please give details of losses:

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Please Note: Attach additional documentation if additional space is required.

Have you had any insurance non-renewed, cancelled or denied by any insurance company? Yes No

If "Yes", give the reason and name of insurance company involved:

Person completing the application:

Name (first and last name): _____

Title: _____

Employer: _____

E-Mail address: _____

Telephone Number: _____ (including area code)

Date completed and submitted: _____

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

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Supplemental FLORIDA HURRICANE/WINDSTORM QUESTIONNAIRE

If the location is in the state of **FLORIDA**, please complete the supplemental Hurricane/Windstorm Questions:

How are outdoor sculptures secured? _____

How are indoor sculptures secured? _____

How are paintings hung? (Loops, brackets, on wall, or from soffit?) _____

Who is responsible for hanging and securing works of art? _____

Where is Fine Art stored when not on display? _____

Will you agree to an inspection of the premises and artwork by a representative or designee? Yes No

How far away is the property from water? _____

Are there permanent shutters or high-impact resistant glass on all windows of the location? Yes No

Are hurricane shutters closed for extended periods of non-occupancy? Yes No

Are there hurricane straps holding the roof to the rafters? Yes No

If the roof is Spanish tile, are clips in place? Yes No

Is there a backup generator for climate control system? Yes No

Is the backup generator located off the ground? Yes No

Does Insured have storm closet(s) in the location? Yes No

Is Insured ready to move art to safe location in the event of Hurricane watch? Yes No

Where is this location? _____

Is it an art specialty warehouse, such as Fortress in Florida? Yes No

Does Insured have a list with emergency contact numbers? Yes No

Are air conditioning systems operating at all times to protect against mold growth? Yes No

Comments:

Hurricane Warning Disaster Plan (Please provide narrative detailing plan in event of a hurricane warning – how/where will you protect the artwork?):
