



Insurance Application Corporate/Private Fine Art and Collectibles

GENERAL INFORMATION

Name of Applicant:

Mailing Address:

Occupation of Applicant:

LIMIT OF INSURANCE REQUESTED AT EACH LOCATION

List all Locations where Property is Located

Limit

1.

2.

3.

Are you requesting coverage for any item located outdoors? If so, please identify these items.

CONSTRUCTION

(Select for each : Adobe, Brick, Glass, Safety Glass, Steel, Stone, Wood, Fabric / Carpet, specify other)

- | | <u>Location 1</u> | <u>Location 2</u> | <u>Location 3</u> |
|----------------------|-------------------|-------------------|-------------------|
| • Exterior Walls | | | |
| • Interior Walls | | | |
| • Floors | | | |
| • Ceilings | | | |
| • Structural Support | | | |

FIRE PROTECTION

- | | <u>Location 1</u> | <u>Location 2</u> | <u>Location 3</u> |
|--|-------------------|-------------------|-------------------|
| 1. Is the entire building protected by a fire and/or smoke detection /alarm system?
If no, describe area not protected: | | | |

2. Is the alarm system listed and installed according to UL specifications?
3. How often is the system checked?
4. Does your alarm system ring to a central station?
5. Do you have portable fire extinguishers? If yes, what type?
 Carbon Dioxide Dry Chemical Foam Halon Acid Other

SECURITY

Location 1 Location 2 Location 3

1. Type of structure:
2. Who has keys to exterior doors?
3. Frequency of travel?
4. Is the property unattended for long periods of time?
If, yes, explain:
5. Are special instructions given to third parties regarding the care and handling of the collection?
6. Employment of live-in help?

ELECTRONIC SECURITY

1. Do you have an electronic security alarm system in operation throughout the house?
2. What types of detection equipment are in operation? (select)
 Magnetic Contact Photo ray Ultrasonic Sound Motion Infrared
 Pressure CCTV with recording
3. Does your electronic alarm system ring to a central station?
4. Are all exterior openings secured and alarmed?

SAFES / VAULT (Jewelry Coverage)

1. Do you have a safe?
2. It is U. L. rated? If so, what is the rating?
3. Location of Safe?
4. Who has access to safe?
5. Is the safe separately alarmed?
6. Do you keep the jewelry to be covered in the safe except when worn?
7. Do you regularly have jewelry checked by a jeweler to ensure all mountings are in good repair? When was this last done?

COLLECTION DOCUMENTATION

Invoices or a copy of the most recent appraisal showing the date and appraiser's qualifications must be submitted which states:

- Name of artist or maker (where relevant)
- Title of object
- Date
- Measurements
- Material

Have you filed for personal bankruptcy in the past 10 years? Has your business?

Name of current Insurance Carrier :

LOSS HISTORY - for the last five years

<u>Description of loss</u>	<u>Amount of loss</u>	<u>Date</u>
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Producer, how long have you known the applicant?

Do you handle any other lines of insurance for the applicant?

COMPLETING THIS FORM DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE

Applicants' Signature

Date