



Applicant Details

Name: _____

Address: _____

City/State/Zip: _____

Website: _____

Number of years in business: _____ If less than 3 years, please attach resume

Has applicant been convicted of fraud? Y / N

Has applicant ever declared bankruptcy? Y / N

List Membership of Professional Organizations/Affiliations: _____

Inventory

Last physical inventory was taken on _____ (dd/mm/yyyy) and totaled \$ _____

Is your inventory maintained on computer? Y / N Do you maintain a copy of your inventory off-premises? Y / N

Percentage of Inventory Owned _____% Consigned _____% (please attach a copy of your consignment agreement)

Type of Art (Old Masters, Modern, Contemporary, etc.) _____

Description/Medium:

Paintings _____% Prints _____% Photographs _____% Drawings _____% Sculpture _____%

Rare books/Manuscripts _____% Tapestries/Rugs _____% Furniture _____%

Annual Sales Past 3 years: 201 _____ \$ _____ 201 _____ \$ _____ 201 _____ \$ _____

Average Total Value of Fine Arts

Your own Property based on Selling Price \$ _____

Property of others based on Consigned Value \$ _____

Shipments

Estimated Annual Volumes Shipped

Within USA/Canada \$ _____ Europe \$ _____ Elsewhere \$ _____

Usual Method of transporting Art - please provide % of *values* shipped

Fine Art Carriers: _____% Express Carriers: _____% Mail: _____% Own Vehicle: _____%

What is maximum amount shipped in any one shipment with the following carriers?

Fine Art Carriers: \$ _____ Express Carriers: \$ _____ Mail: \$ _____ Own Vehicle: \$ _____

Which Art Fairs do you attend? _____

Fine Art Dealers Insurance Application

Please list all Locations where property is or will be located and values at each: (please fill out a location supplement for each additional location where your inventory is regularly)

Name: _____

Address: _____ City/State/Zip: _____

Type of occupants in building: _____ Built (Year): _____

Construction: (select one) Fire Resistive/Masonry/Frame/Other (Details) _____

Which Floor(s) do you occupy? _____ If Grade level, do you have Roll-down shutters for doors and windows? Y / N

Total Values (at Selling Price) at this location: \$ _____

Are any objects stored in the basement? Y / N If so are all objects kept at least 12" off floor? Y / N

Values Here: \$ _____

What are your hours of business? (DD) _____ Hours _____

Fire Prevention

Are Entire structure(s) monitored by a central station heat or smoke detection system? If not, please provide details: _____

Number of portable fire extinguishers? _____ Is Premises Sprinklered? Y / N

When was electrical/HVAC system installed or updated? _____

Security

Do you have a Central Station Burglar Alarm, installed per UL specifications? Y / N Extent? _____

Name of Central Station Burglary Company? _____

Does Central Station Alarm have Line Security? Y / N Are there deadbolt locks on all exterior doors? Y / N

Are small objects displayed in locked showcases? Y / N Do you have a buzzer controlled entry/exit system? Y / N

California Only:

Is building retrofitted in accordance with CA building codes? Y / N Date: _____

What is Brush clearance? (Vertical Ft): _____

Are objects secured with the following: Y / N (Select all that apply) Earthquake hooks, museum wax

Florida Only:

Are Premises fitted with any of the following? (Select all that apply) Storm Shutters, Humidity control, roof clips, storm glass

What is distance from ocean? _____ What is elevation? _____

Fine Art Dealers Insurance Application

Amount of Insurance Requested

\$ _____ as Premises
\$ _____ in any one transit, or at any other location
\$ _____ at Art Fairs, Exhibitions
Deductible Requested \$ _____

Insurance

Has applicant sustained any losses during the past five years? Y / N if Yes, please provide details: _____

Has any insurance ever been canceled? Y / N If yes, please provide details: _____

Do you currently have insurance? Y / N Current Carrier: _____ Renewal Date: _____

How long have you been insured with your current insurer? _____ Years

Applicant Warranty

I understand the information reflected in this application to be true.

Signature: _____ Date: _____

Producer

How long have you known applicant? _____ Years

Do you handle any other line of insurance for the applicant? If yes, please provide details:

Producers Signature: _____ Date: _____