



MUSEUMS & CULTURAL INSTITUTIONS SUPPLEMENT

Named Insured: _____ Effective Date: _____
 Web site Address: _____
 Billing Contact Information: _____
 Inspection Contact Information: _____

Please attach the following:

- ACORD Application (for all lines of coverage to be written)
- Statement of Values (for blanket and/or agreed value)
- Recent Appraisal for historic buildings and/or collections
- Loss Runs (current year plus 3 years)
- Financial Statement
- Schedule of collections

SECTION I - GENERAL INFORMATION

1. Type of museum: _____
2. Full description of operations:

3. Average number of visitors annually: _____
4. Professional organization memberships: _____
5. Are you accredited? Yes No
If yes, by whom? _____
6. Please list hours of operations: _____
7. Do you have a formal safety program in place? Yes No
8. Do you have a written emergency evacuation plan in place? Yes No

SECTION II - PROPERTY

In addition to completing the ACORD application, please answer the below questions regarding specific exposures.

1. Are there any buildings that are over 20 years old? Yes No
If yes, please complete the below.
2. Construction type: Frame Masonry Non-Combustible Non-combustible
 Joisted Masonry Modified Fire Resistive Fire Resistive
3. Date of purchase: _____ Age of Structure: _____
4. Is this a historic landmark building? Yes No
If yes, please complete the Historic Building section below.
5. Please describe any current renovations:

6. Date of renovation: _____ Cost of renovation: \$ _____
7. Was the work performed by a General Contractor? Yes No
8. What was the length of the renovation? Start: _____ Complete: _____

9. If built prior to 1980, has an asbestos survey been conducted? Yes No
10. Electrical Updates:
- a) Type of Wiring: BX Cable Romex Aluminum Conduit
 Circuit Breakers Fuses Both
- b) Amperage Rating: 100 150 200
- c) Has any re-wiring been done since the original construction? Yes No
- d) Date completed: _____
11. If the property has Aluminum wiring, has it been retrofitted with one of the PHL Y approved connectors by a licensed electrician (indicate which one)?
 COPALUM? Yes No AlumiConn? Yes No
 Date updated: _____
 Please supply retrofit documentation or statement from installing contractor.
12. Heating & Cooling:
- a) What type of heating/cooling system is used in the building?
- b) Primary: Wall Furnace Electric Gas Heater
 Floor Furnace Forced Air Wood Stove
- c) What type of fuel is used? _____
- d) Secondary: Wood Stove Gas Heater Electric Space Heater
 Other: _____
- e) Has the entire original heating/cooling system or furnace been replaced? Yes No
- f) Date completed: _____
13. Do you have exhibits or displays requiring specialized equipment to regulate relative humidity, temperature or lighting? Yes No
 If yes, please explain. _____
14. Plumbing:
- a) Pipes are: Copper Galvanized Plastic Other: _____
- b) Age of hot water system: _____
- c) Has any re-plumbing been done since the original construction? Yes No
 If yes, to what extent? _____
- d) Date completed: _____
15. Type of Roof: Tile Composition Wood/Shake Comp Shingle
 Other: _____
- a) Age of roof: _____
- b) Has the roof been entirely replaced? Yes No
 Date completed: _____

Historic Buildings:

	Loc & Bldg	Loc & Bldg	Loc & Bldg
Is this building listed on the National Historic Register?			
Are replacement building materials available locally?			
Will local ordinances allow the building to be rebuilt at the same location?			
Has the building been completely restored?			
If not, what percentage of the building has been restored?			
What is the anticipated completion date for the restoration?			
Is the building currently under construction?			
If yes, what percentage of the building is under construction?			
Is the building ADA compliant?			
Is the building also a private home, hotel or inn?			
If someone lives on the premises full time, do they have a separate homeowner's insurance policy?			

SECTION III - COLLECTIONS

	Loc #1	Loc #2	Loc #3
Premises type			
PERMANENT COLLECTIONS:			
Limit of Insurance			
Deductible			
Total Values			
Average Value Per Item			
Maximum Value Per Item			
TEMPORARY COLLECTIONS:			
Limit of Insurance			
Deductible			
Total Values			
Average Value Per Item			
Maximum Value Per Item			

1. Collections on loan from others:
 - a) Who is responsible for the insurance while property is in transit? _____
 - b) Who is responsible for the insured while at the insured's premises? _____
 - c) Are the packers trained in property packing methods for valuable items? Yes No
2. Collections loaned to others:
 - a) Who is responsible for the insurance while property is in transit? _____
 - b) Who is responsible for the insured while at the insured's premises? _____
 - c) Are the packers trained in property packing methods for valuable items? Yes No
3. Are there temperature and humidity controls in the exhibition galleries and storage areas? Yes No
4. Are all collectibles, fine arts, rare books, manuscripts, etc. catalogued, photographed or video taped? Yes No
5. Are all important records & documents kept in fire-resistant safes with duplicates kept off-premises? Yes No
6. Are all film collections on cellulose nitrate film stored in fire resistive vaults? Yes No
7. Temporary Collections:
 - a) Are written agreements obtained for all collections loaned to you? Yes No
 - b) Do the agreements specify who is responsible for damage and insurance? Yes No
 - c) Is valuation agreed upon for a total loss? Yes No Partial Loss? Yes No
 - d) Is the condition of each collection documented upon receipt? Yes No
 - e) Do you make a photographic record of objects within all temporary collection? Yes No
8. Permanent Collection:
 - a) Are your permanent collections fully inventoried? Yes No
 - b) Date values were last updated: _____

SECTION IV - TRANSIT EXPOSURE

1. Limit of Insurance: \$ _____ Deductible: \$ _____
2. Type of shipping?

Owned vehicles	_____ %	Air	_____ %
Carriers	_____ %	Registered Mail	_____ %
3. Name of carriers: _____
4. What percentage of the value of the items is declared to carriers for hire? _____ %
5. Who is responsible for packing and unpacking? _____
6. Are collections shipped outside the U.S. Yes No

SECTION V - GENERAL LIABILITY

1. Is the staff required to report all incidences to management that may result in a claim? Yes No
2. Are written records of all incidences kept by management? Yes No
3. Are all incidences reviewed? Yes No
4. Do you have volunteer workers? Yes No
 - a) What is the average number of volunteers daily? _____
 - b) Describe their duties: _____

5. Does the insured have security guards? Yes No
 - a) Are they armed? Yes No
 - b) Are they provided by an independent contractor? Yes No
6. If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement? Yes No
 If yes, please attach a copy of standard agreement.
 - a) Are certificates of insurance required and kept on file for those contracted professionals? Yes No
 If yes, what are the minimum limits of liability required? _____
7. Do you perform any conservation or restoration work for others? Yes No
 If yes, please describe: _____

8. Please indicate if you have any of the following exposures:

<input type="checkbox"/> Theater:	Type: _____	Number of annual admissions: _____
<input type="checkbox"/> Aquarium:	Dimensions: _____	Types of fish: _____
<input type="checkbox"/> Children's camp:	Dates of Operations: _____	
	Number of children attending annually: _____	
<input type="checkbox"/> Concerts:	Type: _____	Number & Frequency: _____
<input type="checkbox"/> Lectures:	Type: _____	Number & Frequency: _____
<input type="checkbox"/> Reflecting pool, wishing wells, lakes, fountains, ponds:	Type: _____	
	Are signs posted warning visitors not to enter or touch the water?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Animals:	Type: _____	
	Can the animals be handled by visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Are all hands-on exhibits inspected daily to check for broken pieces or malfunctions? Yes No
10. Are there guided tours of the museum? Always Special Groups only
11. Do school groups require chaperones to stay with the children at all times? Yes No
 If no, please describe supervision: _____

12. Do you have a gift shop? Yes No
 - a) Annual gross receipts: \$ _____
 - b) Describe the items that are sold: _____

- c) Is the shop operated by an independent contractor? Yes No
- d) Are hold harmless agreements and certificates of insurance obtained from the contractor and all suppliers or licensees? Yes No
13. Do you have a restaurant or cafeteria? Yes No
 - a) Annual Gross Receipts: \$ _____

SECTION VI – SPECIAL EVENTS

- 1. Do you rent the premises to others for events such as wedding and parties? Yes No
 - a) Type and number of events annually: _____
 - b) Is a member of the museum's staff present at all times? Yes No
- 2. Is liquor served? Yes No
 - a) Is catering by an outside company provided to serve the liquor? Yes No
 - b) Are they trained in TIPS? Yes No
 - c) Are hold harmless agreements and certificates of insurance obtained from all lessees and suppliers? Yes No
- 3. Are any special events for fundraising or education purposes organized, promoted or sponsored by you? Yes No
 - a) Please list the dates and types of events held:

 - b) Are they on your premises? Yes No
 - c) Are hold harmless agreements and certificates of insurance obtained from other sponsors, promoters or organizers? Yes No
- 4. Do you plan any special exhibitions or events that would generate an unusually large number of visitors? Yes No
If yes, please describe:

SECTION VII – ABUSE AND MOLESTATION

- 1. Does your employment process include verification of whether the individual has ever been convicted of any crime, including sex related or child-abuse related offenses, before an offer of employment is made? Yes No
- 2. Does your state permit you to do criminal background investigations? Yes No
If yes, do you routinely request and receive such background investigations? Yes No
- 3. Do you verify employment related references? Yes No
- 4. Do you conduct a personal interview? Yes No
- 5. Do you have written procedures for dealing with sexual abuse? Yes No
If yes, please attach a copy.
- 6. Has your organization ever had an incident which resulted in an allegation of sexual abuse? If yes, please explain below. Yes No
 - a) Was a claim made against the organization? Yes No
 - b) Was the case settled? Yes No
 - c) Was the case taken to trial? Yes No
 - d) How much money was paid as damages to the victim? _____
- 7. Regarding coverage for abuse & molestation, does your current insurance program:
 - Exclude Coverage
 - Limit Coverage (please indicate limit of liability) \$ _____

Please write all comments regarding above answers below:

SECTION VIII DIRECTORS & OFFICERS / EMPLOYMENT PRACTICE LIABILITY N/A

THIS SECTION IS AN APPLICATION FOR A CLAIMS MADE POLICY. PLEASE READ YOUR POLICY CAREFULLY.

DIRECTORS & OFFICERS LIABILITY INFORMATION:

1. Does the Applicant have a tax-exempt status under the U.S. Internal Revenue Code? Yes No
If "no", provide an explanation:

2.

FINANCIAL INFORMATION	CURRENT FISCAL YEAR	PREVIOUS FISCAL YEAR
Total Assets:	\$	\$
Net Assets / Fund Balance:	\$	\$
Annual Revenue:	\$	\$
Net Revenue:	\$	\$

3. Provide a list of all direct and indirect subsidiaries or any other entity or organization the Applicant controls:

Name / Type of Business	Percent the Applicant Owns/Controls	Date Created / Acquired	For Profit / Non-Profit
I.E.: ABC Foundation / Charitable Foundation	100%	01/01/2000	Non-Profit

Additional entities listed by attachment

4. Has the Applicant or any person proposed for coverage herein been the subject of, or involved in, any of the following in the past five (5) years? If yes, please attach details. Yes No
- Any disciplinary action by any regulatory agency or association? Yes No
Any administrative proceeding charging violation of a federal or state law or regulation? Yes No
Any other criminal actions? Yes No

EMPLOYMENT PRACTICE LIABILITY INFORMATION:

1. Please provide the following employee count information:
U.S. based employees: _____
Total Full-Time: _____ Total Part-Time: _____
Volunteers: _____ Temporary: _____
Leased: _____ Total Non U.S. based employees: _____
TOTAL SUM OF ABOVE: 0
2. Is any reduction of employees or change of status anticipated in the next year?
Voluntary: _____ Involuntary: _____ Layoffs: _____
3. Does the Applicant have an employment handbook? Yes No
4. Does the Applicant use an employment application for every potential employee? Yes No
5. Does the Applicant use outside employment counsel for employment advise? Yes No

CURRENT COVERAGE:

COVERAGES	Insurance Company	Limit of	Deductible	Policy Effective Dates	Premium
D & O		\$	\$		\$
EPLI		\$	\$		\$
Fiduciary		\$	\$		\$
Workplace Violence		\$	\$		\$
Internet Liability		\$	\$		\$

WARRANTY INFORMATION:

1. With respect to this coverage, has any Underwriter refused, canceled or non-renewed coverage? (Not Applicable in Missouri) Yes No
 If yes, please provide details:

2. As of this date, or the date on which the Applicant first applied for prior similar coverage and has maintained such prior similar coverage continuously in force, no person applying for this coverage is/was aware of any facts or circumstances which he or she has reason to suppose might give rise to a future claim that would fall within the scope of any of the proposed coverages for which the Applicant has applied, except: None or as noted below:

3. Have any claims, suits, or demands for arbitration that would fall within the scope of the proposed insurance been made against the Applicant, its predecessor(s) or any past or present principal, partner, officer or employee within the past five (5) years? None or as noted below:

With regard to questions 2. and 3., it is understood and agreed that if any such claim, act, error, omission, dispute or circumstance exists, then such claim and/or claims arising from such act, error, omission, dispute or circumstance is excluded from coverage that may be provided under this proposed insurance and, further, failure to disclose such claim, act, error, omission, dispute or circumstance may result in the proposed insurance being void, and/or subject to rescission.

SECTION IX - WINTER WEATHER/FREEZE-UP PROTECTION

This section must be completed by all risks that have a location in one of the following states: AR, CT, DC, DE, GA, IL, IN, KY, ME, MD, MA, MI, MO, NH, NY, NJ, NC, OH, PA, RI, SC, TN, TX, VT, VA, WV, WI

1. Fire Protection and Testing

- a. Is the building provided with an Automatic Fire Sprinkler System (AS)? Yes No N/A
 - i. If yes, approximately what percentage (%) of the building is sprinklered? _____ %
 - ii. If yes, what type of sprinkler system is installed? Wet-Pipe Dry-Pipe Both
 - iii. If yes, when possible, is the sprinkler piping primarily run within conditioned areas designed to ensure the temperature remains above the 45°F minimum temperature? Yes No N/A
 - 1. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation on piping or roof):

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- iv. If yes, is the testing & inspection by qualified sprinkler contractor completed within past 12 months & includes a formal winterization review? Yes No N/A
 - v. If yes, are the alarms tied to a 24 hour UL listed monitoring company? Yes No N/A

2. Emergency Water Response (domestic and AS water lines)

- a. Are water shutoff valves (domestic and AS water lines) marked and readily accessible? Yes No N/A
- b. Are water shutoff valves exercised (closed and reopened) at least annually? Yes No N/A
- c. Is the staff qualified to respond and shut off the water main during normal business hours and off hours? Yes No N/A

3. Automatic Water Shutoff Devices

- a. For domestic water lines, is there a water flow detection, notification and automatic shutoff? Yes No N/A

4. Unused/Vacant Spaces

- a. Does Applicant have a formal process to turn off and drain domestic water lines for these spaces? Yes No N/A

5. Unheated Areas (attics, crawl spaces, exterior wall joists)

- a. Are all domestic water lines located in areas heated to at least 45°F? Yes No N/A
 - i. If no, please describe freeze prevention measures (e.g. temperature monitoring, heat trace, full insulation):

6. General Comments:

FRAUD NOTICE STATEMENTS

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). (NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, RI, TN, VA, VT, WA AND WV).

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, RI AND WV: ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES OR CONFINEMENT IN PRISON.

APPLICABLE IN COLORADO: IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN FLORIDA AND OKLAHOMA: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY (IN FL, A PERSON IS GUILTY OF A FELONY OF THE THIRD DEGREE).

APPLICABLE IN KANSAS: ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FALSE INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

The Undersigned states that he/she is an authorized representative of the Applicant and declares to the best of his/her knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company * in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

Produced By: (Section to be completed by Producer/Broker)

PRODUCER

AGENCY

PRODUCER LICENSE NUMBER

ADDRESS (STREET, CITY, STATE, ZIP)