

TEMPORARY LOANS and GIFTS INFORMATION

Approximate value of onsite loans? _____

Does your institution agree to cover promised gifts? Yes No

If yes, total value and locations: _____

Approximate loans offsite that you agree to cover: _____

Please provide a copy of your exhibition schedule for the year.

FACILITIES INFORMATION

Is your Institution A.A.M. accredited? Yes No

If no, please elaborate on staff training for handling installations, packing and shipping: _____

Institution Location: _____
(If collection is located across multiple locations, please complete additional location applications)

Construction of the building: fire resistive masonry frame other: _____

Year built: _____ Updated or renovated since original construction: Yes No

If yes, year of update and details: _____

Floor(s) number you occupy: _____ If basement occupancy, are items kept at least 18 inches off floor? Yes No

Was the building originally designed as a museum? Yes No

Is the location protected by a UL approved Central Station burglar alarms? Yes No

Name and address of the Company: _____

If No, please indicate other security protection in place: _____

Number of guards when opened? _____ When closed? _____

Training? _____

Is the building protected by a UL approved Central Station fire/smoke alarms? Yes No

Name and address of the Company: _____

Is alarm system connected to local fire department? Yes No

Does the building have an approved sprinkler system in place? Yes No

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

Do you have Fine Art or Collectibles at any other locations, warehouses? Yes No

If Yes, additional information on each location will be required: _____

Is the collection protected by humidity control? Yes No

Is the collection protected by temperature control? Yes No

What is the age of the Temperature and Humidity control system? _____

Who maintains this system? _____

Annual service contract? Yes No

SHIPPING

Who is responsible for packing and shipping? _____
Maximum value in any one shipment: _____
List of shippers/transporters used (including Federal Express, UPS and US Mail): _____

INSURANCE HISTORY

Do you presently carry Fine Art/Collectibles insurance? ... Yes No
If Yes, name of current Insurance carrier and expiration date: _____
Current Homeowners Insurance company: _____
Have you experienced any losses (Fine Art or Homeowners) during the past 5 years? ... Yes No
If Yes, please provide details including date of loss, cause and amount paid, if any: _____

Please note, attach additional information if more space is required.
Have you ever had any insurance non-renewed, cancelled or denied by any Insurance company? ... Yes No
If Yes, please provide the reason and name of the Insurance company involved: _____

Please list any additional information that would have a bearing on this insurance: _____

COVERAGE DESIRED

Desired coverage limit: _____
Transit: _____
Unnamed Location: _____
Deductible \$500 \$1,000 \$2,500 \$5,000 Other: \$ _____

Person completing the application: _____
Title: _____ 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.

Signed: _____ Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:



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