



# HUNTINGTON T. BLOCK INSURANCE AGENCY, INC. CORPORATE COLLECTION Application

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

Name of Corporation: \_\_\_\_\_  
 Address of Corporation: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name (s): \_\_\_\_\_  
 Position (s): \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
**Desired effective date of coverage:** \_\_\_\_\_ **Desired limit of coverage:** \_\_\_\_\_

## COLLECTION INFORMATION

Total Value of Collection: \_\_\_\_\_ Number of Items in Collection: \_\_\_\_\_  
 Highest Valued Items: \_\_\_\_\_

Please indicate the breakdown of your collection with values below, listing \$0 or N/A where applicable:

Paintings \$ _____	Drawings \$ _____	Prints \$ _____	Sculptures \$ _____
Outdoor Sculpture \$ _____	Porcelain/Glass Ceramics \$ _____	Photographs \$ _____	Other \$ _____

If Other, please provide details: \_\_\_\_\_

Please indicate if coverage is desired for the following collectibles, listing \$0 or N/A where applicable:

Jewelry \$ _____	Watches \$ _____	Wine/Whiskey \$ _____	Stamps \$ _____
Rare books \$ _____	Antique firearms \$ _____	Antique Autos \$ _____	Antique furniture/rugs \$ _____
Coins \$ _____	Furs \$ _____	Cameras \$ _____	Other \$ _____

If Other, please provide details: \_\_\_\_\_

Are current appraisals available (less than three years old)? .....  Yes  No

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

If no, please explain: \_\_\_\_\_

## LOCATION INFORMATION

Primary Location: \_\_\_\_\_  
*(If collection is located across multiple locations, please complete additional location applications)*

Is the location:  Private Dwelling  Apartment Building  Warehouse  Office Building  Other \_\_\_\_\_

Construction of the building:  Fire Resistive  Masonry  Frame  Other \_\_\_\_\_

Date of construction: \_\_\_\_\_ Updated or Renovated? .....  Yes  No

If yes, date and details: \_\_\_\_\_

Square footage you occupy: \_\_\_\_\_ Number of floors in building: \_\_\_\_\_

Is residence left unattended for periods longer than two weeks? .....  Yes  No

If yes, please explain: \_\_\_\_\_

Is the location protected by Central Station burglar alarms? .....  Yes  No

Name and address of the Company: \_\_\_\_\_

If No, please indicate other security protection in place: \_\_\_\_\_

Is the location protected by Central Station fire/smoke alarms? .....  Yes  No

Name and address of the Company: \_\_\_\_\_

Number of fire extinguishers: \_\_\_\_\_ Number of smoke detectors: \_\_\_\_\_ Battery operated:  Hard wired:

Approximate distance to: Police Station: \_\_\_\_\_ Fire Department: \_\_\_\_\_ Fire hydrant: \_\_\_\_\_

Do you have Fine Art or Collectibles at any other locations (vacation homes, warehouses)? .....  Yes  No

If Yes, additional information on each location will be required.

**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 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:

\_\_\_\_\_  
\_\_\_\_\_

Person completing the application: \_\_\_\_\_

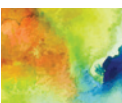
Title: \_\_\_\_\_ Date completed and submitted: \_\_\_\_\_

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:



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**  
PO Box 549294, Waltham, MA 02454-9294 | Email: HTBinfo@HuntingtonTBlock.com | Toll Free: 855-219-3189