



HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

Commercial Fine Art Application
For Dealers, Consultants, Bailees, Framers & Artists

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

GENERAL INFORMATION

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Telephone Number: _____

E-Mail Address: _____ Web Address: _____

Desired effective date of coverage: _____ Desired Limit of Liability on Premises: \$ _____

Referred by: _____

DESCRIPTION OF BUSINESS

Describe business of insured: Gallery Private Dealer Consultant Framer Bailee Artist
 Other _____

Name of Director: _____

List art associations where you hold memberships:

How long have you been in business? _____ (If less than 3 years, list previous experience on separate page)

FINE ART INVENTORY

Type of Fine Art (Old Masters, Contemporary, Antiques, Pre-Columbian, etc.): _____

Describe type of inventory (medium/percentage of total stock):

| | | | |
|-----------------|-------------------------------|-------------------------------|----------------------------------|
| Painting _____% | Photographs _____% | Antique Furniture _____% | Tapestries, rugs, fabrics _____% |
| Prints _____% | Porcelain/Glass _____% | Sculpture(Fragile) _____% | Rare books/manuscripts _____% |
| Crafts _____% | Antique Jewelry _____% | Sculpture(Non-Fragile) _____% | |
| Drawings _____% | Silver/Precious Metals _____% | Outside Sculpture _____% | |

Average total value of fine arts:

Your own property, based on selling price: \$ _____

Property of others, based on the consigned value: \$ _____

If art reference library is to be included, based on replacement cost: \$ _____

Last inventory was taken on: _____ and was \$ _____

Annual sales past 3 years: \$ _____, \$ _____, \$ _____

Do you obtain a signed agreement for objects you agree to insure, stating value of each object? Yes No



LOCATION INFORMATION

Primary location address: _____

(If multiple locations used for your business, complete additional location application attached)

Construction of building: Fire Resistive Masonry Frame

Year built: _____ Number of floors in building: _____

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

Is this your residence? Yes No Type of occupants in building: _____

(Please attach a photograph of the exterior of the location)

FIRE PROTECTION

Do you have a central station fire/smoke alarm? Yes No

Name and address of alarm company: _____

Certificate #: _____ Expiration Date: _____

Number of fire extinguishers in your space: _____ Are they serviced annually? Yes No

Is the building sprinklered? Yes No Is your space sprinklered? Yes No

Number of smoke detectors: _____ Battery Operated Hard Wired

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

SECURITY

Do you have a central station burglar alarm? Yes No

If no, please indicate protections in place: _____

If yes, name and address of alarm company: _____

Are small items displayed in locked cases? Yes No

SHIPPING

Who is responsible for packing and shipping? _____

Maximum value in any one shipment: _____

List shippers/transporters used (including Federal Express, UPS, 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:

Signed: _____ Title: _____ Date: _____

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:



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