



HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

PERSONAL FINE ART Application

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

Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email Address: _____
 Occupation: _____ Employer: _____
 Age: _____ Marital Status: _____ Spouse's Name: _____
 Desired Effective Date _____

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 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: _____

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

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

If yes, please explain _____

Number of Domestic Help, if any: Live In _____ Full Time _____ Part Time _____

How long has the Domestic Help been hired by you? _____

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 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:

Person completing the application _____

Named (First and Last) _____ 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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