



# 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 12 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:

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

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE SIGN AND RETURN TO:



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**  
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