



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

Name of Institution: \_\_\_\_\_

Address of Institution: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name(s) & Position(s): \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

COVERAGE DESIRED

Desired coverage limit: \_\_\_\_\_

Transit: \_\_\_\_\_ Unnamed Location: \_\_\_\_\_

Deductible:  \$500  \$1,000  \$2,500  \$5,000  Other: \$ \_\_\_\_\_

PERMANENT COLLECTION INFORMATION

Total value of collection: \_\_\_\_\_

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

Classic and Vintage Automobiles \$ \_\_\_\_\_ Automotive Memorabilia, Parts and Accessories \$ \_\_\_\_\_

Model Cars, Trophies, and Related Collectibles \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

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

TEMPORARY LOANS and GIFTS INFORMATION

Approximate value of onsite Property of Others, including loans and promised gifts ? \_\_\_\_\_

Does your institution agree to cover promised gifts that are kept at the donor's premises or elsewhere?  Yes  No

If yes, total value and locations: \_\_\_\_\_

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

FACILITIES INFORMATION

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

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? \_\_\_\_

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: \_\_\_\_\_  
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: \_\_\_\_\_  
Have you experienced any losses during the past 5 years? .....  Yes  No  
Have you ever had any insurance non-renewed, canceled 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:  
\_\_\_\_\_  
\_\_\_\_\_

SUPPORTING DOCUMENTS

Please include the following supporting documents with your application, if applicable:

- AAM Facility Report
- Location Questionnaires, Warehouse Facility Reports
- List of the top ten highest valued items in your collection with values
- Incoming and outgoing exhibition schedule with values and notation on who is insuring
- 5 Year Loss Run
- Emergency Preparedness Plan or Disaster Plan

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

**IT IS AGREED THAT ANY CLAIM ARISING FROM, BASED UPON, OR ATTRIBUTABLE TO ANY ACTUAL OR ALLEGED ACT, ERROR, OMISSION, FACT OR CIRCUMSTANCE OF WHICH ANY SUCH PERSON OR ORGANIZATION HAS ANY KNOWLEDGE OR INFORMATION WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.**

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The Applicant declares that the information in this Application and in the materials submitted herewith is true, accurate and complete. Signing this Application does not bind the Applicant to purchase insurance, but it is agreed that this Application shall be the basis of any insurance policy issued.

The information requested in this Application does not constitute notice under any policy of a claim or potential claim. All such notices must be submitted pursuant to the terms of the policy under which coverage is sought.

If there is any material change in the answers to the questions in this Application before the policy inception date, the Applicant must immediately notify the Insurer in writing. In such case, any outstanding quotation may be modified or withdrawn.

**NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.**

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

**NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an Insurance Company for the purpose of defrauding or attempting to defraud the Company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any Insurance Company or agent of an Insurance Company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

**NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an Insurance Company for the purpose of defrauding the Company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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.

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**PLEASE SUBMIT THIS APPLICATION AND  
APPROPRIATE MATERIALS TO:**

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

2001 K Street NW, Suite 625 North  
Washington, DC 20006

Telephone: 202.223.0673 | Toll Free: 800.424.8830

Fax: 847.953.1987