



HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

HURRICANE/WINDSTORM Application

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

Name of Insured: _____

Location: _____

How are outdoor sculptures secured? _____

How are indoor sculptures secured? _____

How are paintings hung or exhibits/artifacts installed? Loops Brackets On Wall From Soffit
 Other _____

Who is responsible for hanging and securing works of art? _____

Where is Fine Art stored when not on display? _____

Will you agree to an inspection of the premises and artwork by a representative or designee? Yes No

How far away is the property from water? _____

Are there permanent shutters or high-impact resistant glass on all windows of the location? Yes No

Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal occupancy or long vacations? Yes No

Are there hurricane straps holding the roof to the rafter? Yes No

If the roof is Spanish tile, are clips in place? Yes No

Is there a backup generator for the climate control system or fan at location less than one mile from the inter-coastal or ocean? Yes No

Is the backup generator located off the ground? Yes No

Does Insured have storm closet(s) or interior rooms without windows in the location? Yes No

Is Insured ready to move art to safe location in the event of Hurricane watch? Yes No

Where is this location? _____

Is it an art specialty warehouse, such as Fortress in Florida? Yes No

Does Insured have a list with emergency contact numbers? Yes No

Are employees aware of the emergency plan? Yes No

Are air conditioning systems operating at all times to protect against mold growth? Yes No

In the event of a power outage, have arrangements been made that someone will check that the air conditioner has been put back in operation? Yes No

Comments: _____

Hurricane Warning Disaster Plan: (Please provide narrative detailing plan in event of a hurricane warning – how/where will you protect the artwork?) _____

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 MATERIAL TO:



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