



FINE ART CONSERVATORS APPLICATION

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

Name/Business Name: _____

Mailing address: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ World Wide Web Address: _____

Applicant is Individual Partnership Corporation Other: _____

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

Minimum Deductible \$500.

Referred by: _____

DESCRIPTION OF BUSINESS

Name of Owner/Principal: _____

Professional background of all principals: _____

Types of materials treated: _____

List art associations where you hold memberships: _____

How long have you been in business: _____ (If less than 3 years, then list previous experience on separate page or attach resume)

Are there any other owned related businesses located at this or other location(s) to be insured? (Framer, gallery/dealer, other)

No Yes (Describe) _____

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

Primary location address: _____

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

Construction of building: Fire resistive Non-combustible Masonry Frame

Year built: _____ Square footage you occupy: _____

Number of Floor(s) in the building: _____ Floor number you occupy: _____

Are items kept in a basement or sub grade? Yes No Are items kept at least 12 inches off floor? Yes No

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

FIRE PROTECTION

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

Name of Alarm Company or System: _____

Is your central station fire alarm listed and installed per UL specifications? _____

Certificate #: _____ Expiration Date: _____ Please provide a copy of your alarm certificate or contract

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

Does your building have a sprinkler system? _____ Does your space have sprinklers? _____

Number of smoke detectors: _____ Battery operated Hard wired

Approximate distance to: Police station _____ Fire Department _____ Fire hydrant _____

SECURITY

Do you have a local burglar alarm? Yes No A central station burglar alarm? Yes No

Name of Alarm Company or System _____

Is your central station burglar alarm listed and installed per UL specifications? _____

Certificate #: _____ Expiration Date _____ Please provide a copy of your alarm certificate or contract

Contacts on all doors, windows and other openings? Yes No Motion detectors? Yes No

Are there dead bolt locks on all exterior doors? Yes No Are small objects protected (locked cases or cabinets)? 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): _____

DOCUMENTATION

Do you obtain a signed agreement for objects you agree to insure, stating agreed value of each object? _____

How many jobs are at your studio at any one time? _____

Do you document the treatment process for each job? _____

Do you receive owner's written approval before proceeding on treatment? _____

Do you obtain signed releases from clients who insure their own works to be conserved? _____

Present insurance company and agent: _____

Reason for changing: _____

Loss Information: List all insured and uninsured losses during the past 5 years (Date, Amount, and Cause): _____

Have you had any insurance non-renewed, cancelled or denied by any insurance company? Yes No

If so, please give the reason and name of insurance company involved: _____

Please list any additional information that would have a bearing on this insurance (use additional pages as necessary) _____

Signed: _____ Date: _____

Title: _____



PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

Attention: Ever Song

1120 20th Street, NW | Washington, DC 20036 | Telephone: (202)429-8506 | Fax: (312)381-0698 | Toll Free: 800-424-8830

