

## HUNTINGTON T. BLOCK INSURANCE AGENCY, INC. Museum Collections and Temporary Loans Application

Please answer all questions. If the questions do not apply, write  $\ensuremath{\text{N/A}}$ 

Name of Institution:			
Address of Institution:			
City:			
Email Address:			
Desired effective date of coverage:		Desired limit of coverage	ge:
Referred by:			
	PERMANENT	COLLECTION INFORMATION	I
Total value of collection:		Number of items in collec	tion:
Highest valued items			
	ental with further information		
• •		values below, listing \$0 or N/A wh	ere applicable:
riease indicate the break		_	
Paintings \$	Drawings \$	Prints \$	Sculptures \$
Outdoor Sculpture \$	Porcelain/Glass Ceramics \$	Photographs \$	Other \$
If Other, please provide o	details:		
Please indicate if coverage	ge is desired for the following o	collectibles, listing \$0 or N/A wher	re applicable:
Jewelry \$	Watches \$	Wine/Whiskey \$	\$
Rare books \$	Antique firearms \$	Antique Autos \$	Antique furniture/rugs \$
Coins \$	Furs \$	\$	Other \$
If Other, please provide o	details:		
Are current appraisals av	railable (less than three years o	old)?	
			Yes No
•			
It no, please explain:			

## TEMPORARY LOANS and GIFTS INFORMATION Approximate value of onsite loans? If yes, total value and locations: Approximate loans offsite that you agree to cover: Please provide a copy of your exhibition schedule for the year. **FACILITIES INFORMATION** Is your Institution A.A.M. accredited? . . . . . . . . . . . Yes \quad No If no, please elaborate on staff training for handling installations, packing and shipping: Institution Location: (If collection is located across multiple locations, please complete additional location applications) Construction of the building: fire resistive masonry frame other: If yes, year of update and details: Was the building originally designed as a museum?..... Yes No Name and address of the Company: If No, please indicate other security protection in place: Number of guards when opened? When closed? Training? Name and address of the Company: Approximate distance to: Police Station: \_\_\_\_\_\_ Fire Department: \_\_\_\_\_ Fire hydrant: \_\_\_\_\_ Do you have Fine Art or Collectibles at any other locations, warehouses?........ If Yes, additional information on each location will be required: Is the collection protected by humidity 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):			
LOSS HISTORY			
Have you experienced any losses (Fine Art or Commercial) during the past 5 years?			
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 renewed, cancelled or denied by any Insurance company?			
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:			
COVEDACE DECIDED			
COVERAGE DESIRED			
Desired coverage limit:			
Transit:			
Unnamed Location:			
Deductible \$500 \$1,000 \$2,500 \$5,000 Other: \$			
Person completing the application:			
Title: 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:			

HTB INSURING THE WORLD'S TREASURES

PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:



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

1120 20th Street, NW | Washington, DC 20036 | Telephone: 202.223.0673 | Toll Free: 800.424.8830 | Fax: 847.953.1987