



TEMPORARY LOANS and GIFTS INFORMATION

Approximate value of onsite loans?
Does your institution agree to cover promised gifts?
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?
If no, please elaborate on staff training for handling installations, packing and shipping:
Institution Location:
Construction of the building:
Year built:
If yes, year of update and details:
Was the building originally designed as a museum?
Is the location protected by a UL approved Central Station burglar alarms?
Name and address of the Company:
If No, please indicate other security protection in place:
Number of guards when opened?
Training?
Is the building protected by a UL approved Central Station fire/smoke alarms?
Name and address of the Company:
Is alarm system connected to local fire department?
Does the building have an approved sprinkler system in place?
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?
Is the collection protected by temperature control?
What is the age of the Temperature and Humidity control system?
Who maintains this system?
Annual service contract?

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? .....  Yes  No

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? .....  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: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_



PLEASE SUBMIT THIS PROPOSAL AND APPROPRIATE MATERIALS TO:

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

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

