

FINE ART GALLERY APPLICATION

1. Name Insured: \_\_\_\_\_
2. Location of Business: \_\_\_\_\_
3. Additional Gallery Location(s): \_\_\_\_\_
4. Mailing Address: \_\_\_\_\_
5. Period of Coverage Desired: \_\_\_\_\_
6. Current Insurance Carrier: \_\_\_\_\_
7. Sums Insured:

A)	\$	At premises (gallery)
B)	\$	At any other location within USA/Canada including exhibitions & art fairs
C)	\$	Whilst in transit including personally conveyed within USA/Canada
D)	\$	In any one conveyance Overseas including personally Conveyed Worldwide (excluding former iron curtain countries)
E)	\$	Furniture, fixtures, etc
F)	\$	Reference Libraries

8. Desired Deductible:  \$1,000     \$2,000     \$5,000     \$10,000
9. Inventory Details:  
 Percentage of Inventory:  
 Paintings: % \_\_\_\_\_ Drawings/Prints: % \_\_\_\_\_ Jewelry: % \_\_\_\_\_ Photographs: % \_\_\_\_\_  
 Furniture: % \_\_\_\_\_ Sculpture (non-fragile): % \_\_\_\_\_ Sculpture (fragile): % \_\_\_\_\_  
 Please describe your inventory: \_\_\_\_\_  
 \_\_\_\_\_
10. Percentage of Inventory which is fragile (glass, terra cotta, etc): % \_\_\_\_\_
11. Average Total Inventory: \$ \_\_\_\_\_ At Sales Price: \_\_\_\_\_
12. Most expensive item: \$ \_\_\_\_\_ Describe: \_\_\_\_\_
13. Inventory Computerized:  Yes     No  
 Do you keep a Copy kept off premises:  Yes     No
14. Percentage of Consigned Items: % \_\_\_\_\_ Are standard consignment agreements used:  Yes     No  
 If yes, please attach a copy
15. Number of years in the Business: \_\_\_\_\_ Years at this location: \_\_\_\_\_  
 Background in Business: \_\_\_\_\_  
 \_\_\_\_\_
16. List Association Memberships (if any): \_\_\_\_\_

17. Premises:  
 Construction: \_\_\_\_\_ Year Built: \_\_\_\_\_ Floor: \_\_\_\_\_  
 Square Feet of your Space: \_\_\_\_\_ Residential or Commercial: \_\_\_\_\_  
 Gallery Hours: \_\_\_\_\_ # of employees: \_\_\_\_\_

18. Storage on Premises: Yes [ ] No [ ]  
 If yes, are works stored 3 to 6 inches above the floor? [ ] [ ]  
 Do you use storage racks? [ ] [ ]

19. Any ongoing storage Off Premises: [ ] [ ]  
 If yes, what is the percentage of inventory: % \_\_\_\_\_  
 Where: \_\_\_\_\_

20. Premises Protection: \_\_\_\_\_  
 Burglar Alarm:  Yes  No  CSA  Local Class \_\_\_\_\_  
Yes No  
 UL Approved System [ ] [ ]  
 Controlled Entry [ ] [ ]  
 Exit System [ ] [ ]  
 Fire Alarm [ ] [ ]  
 Heat/Smoke Detectors [ ] [ ]  
 Sprinklers [ ] [ ]  
 # of fire extinguishers \_\_\_\_\_  
 If at ground floor, are windows armored: \_\_\_\_\_ Roller Shutters: \_\_\_\_\_

21. Domestic Shipments  
 Total Volume shipped last year: \$ \_\_\_\_\_  
 "Average" value shipped \$ \_\_\_\_\_ "Maximum" value shipped \$ \_\_\_\_\_  
 Anticipated Total Volume shipped for the next 12 months: \$ \_\_\_\_\_  
 What carriers do you use: \_\_\_\_\_

22. Overseas Shipments:  
 Total Volume shipped last year: \$ \_\_\_\_\_  
 "Average" value shipped \$ \_\_\_\_\_ "Maximum" value shipped \$ \_\_\_\_\_  
 Anticipated Total Volume shipped for the next 12 months: \$ \_\_\_\_\_  
 What carriers do you use: \_\_\_\_\_

23. Do you crate you own shipments:  Yes  No If not, please describe: \_\_\_\_\_

24. Do you ever declare a value and purchase additional insurance with a transit carrier to cover your deductible:  Yes  No

25. Detail of anticipated fairs to be attended next year (name, location, and approx. value of artwork to be taken to each):

Show	Period	Values to Bring
		\$
		\$
		\$

26. Do you have an art reference library:  Yes  No  
 If yes, approx. value at replacement cost: \$ \_\_\_\_\_



**FOR CALIFORNIA ONLY**

27. Are there Cooking Facilities on the Premises?  Yes  No  
If yes, what type of Fire Protection is Present? \_\_\_\_\_

28. Is Applicant providing any Overnight Camping Facilities or other accommodations?  Yes  No  
If yes, Describe: \_\_\_\_\_

29. Who is responsible for providing Security (name)? \_\_\_\_\_

If Applicant, is Security provided by employees or an outside Security firm? \_\_\_\_\_

If Outside Security Firm, are they providing Certificate of Insurance? \_\_\_\_\_

Limit: \_\_\_\_\_ Is Applicant named as Additional Insured thereon?  Yes  No

Is Security provided (by Applicant or other) armed or unarmed? \_\_\_\_\_

What is the experience of the Security Firm? \_\_\_\_\_

30. If the event is being held on a street or other public vehicular access, what protection will be set up between the street & sidewalks?  
\_\_\_\_\_

31. Does the Event involve a Parade?  Yes  No Number of Units in Parade: \_\_\_\_\_  
(Marching Band, Float, Car carrying Personalities, etc. are each considered as one unit) Number of Floats: \_\_\_\_\_  
Is anything being thrown from the floats?  Yes  No If yes, Describe: \_\_\_\_\_

Length of Parade in Blocks: \_\_\_\_\_ Length in Time: \_\_\_\_\_

Estimated Number of Spectators in Parade: \_\_\_\_\_

32. Is Applicant signing any Hold Harmless Agreements?  Yes  No Please attach copies.

33. Is Applicant being Held Harmless by Others?  Yes  No If yes, by whom and describe extent of same:  
Attach copy of agreement if available

\_\_\_\_\_

\_\_\_\_\_

34. Has this Event been held by Applicant in the past?  Yes  No Number of years: \_\_\_\_\_

Provide details of all Losses, Claims, or Incidents, Insured or Uninsured in all Events in the past 5 years:  
\_\_\_\_\_  
\_\_\_\_\_



**Premium and Loss Record for the last 5 years**

Year	Name of Carrier	Premium	Losses	Total Losses Paid &/or Reserved
This Year				
One year ago				
Two years ago				
Three years ago				
Four years ago				

35. Describe any losses in detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

36. Check if your present Insurance has been:  Cancelled  Declined Insurance: \_\_\_\_\_

Carrier refused to renew  None of these

Explain: \_\_\_\_\_

**VERY IMPORTANT**

- PLEASE ATTACH COPIES OF ALL LEASE AND HOLD HARMLESS AGREEMENTS.
- PLEASE ATTACH A COPY OF BROCHURE OF THIS EVENT
- INCLUDE A DIAGRAM OF LOCATION(S) TO BE USED.
- ALLOW ENOUGH TIME TO FINALIZE TOTAL PROGRAM INCLUDING FULL PREMIUM PAYMENT PRIOR TO YOUR EVENT.

THIS APPLICATION IS SUBMITTED WITH THE FOLLOWING SPECIFIC UNDERSTANDING:

- Applicant warrants and represents that the above answers and statements are all in respects true and material to the issuance of an insurance policy and that Applicant has not omitted, suppressed or misstated any facts.*
- The signing and filing of the Application does not bind the Applicant or the Company and no Insurance shall be deemed effective unless and until a written binder or Policy of Insurance issued by the Company in response hereto.*
- All exclusions in the Policy apply regardless of any answers or statements in this Application.*
- Applicant understands that the Deductible under any policy to be issued in response hereto shall include both loss payment and claim expense as defined in the Policy*
- If any of the above questions have been answered fraudulently, or in any such way as to conceal or misrepresent any material fact or circumstance concerning this insurance or subject thereof, the entire Policy shall be void.*

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

Applicant Signature: \_\_\_\_\_

By: \_\_\_\_\_

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

Agent/Broker: \_\_\_\_\_

Firm Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_