



Conservator Application

Please read this application carefully and confirm that all information is correct.

Name _____ Mailing Address _____

Contact Person _____ Telephone _____

Email _____ Website _____ Desired Coverage Date ____/____/____

Have you had any claims in the past 5 years?

Yes No
☐ ☐

Description of loss _____ Date of loss _____

Amount paid \$ _____

What has been done, if anything, to prevent future claims of this type? _____

Are you currently insured? ☐ ☐

Current insurance company _____

Has your insurance been cancelled or non-renewed for any reason? ☐ ☐

If yes, then reason? _____

Have you filed bankruptcy in the last 7 years? ☐ ☐

Locations

List all locations where property is located and the approximate value on site:

Complete Address (please include Unit # or Floor #, no P.O. Boxes)	Total Value Here			
1.	\$ _____			
2.	\$ _____			
3.	\$ _____			
4.	\$ _____			

	Location 1	Location 2	Location 3	Location 4
If Residential (Single family [house], Multi-family [condo/townhouse])	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> S <input type="checkbox"/> M
If Commercial (Office, Museum, Warehouse, Gallery, Studio)	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/> S	<input type="checkbox"/> O <input type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> G <input type="checkbox"/> S
Year Built				
Construction (Wood Frame, Masonry, Brick Exterior, Concrete, Other)	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> O _____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> O _____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> O _____	<input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> O _____
Number of floors in the building	_____	_____	_____	_____
Floor number(s) you occupy	_____	_____	_____	_____
Is there a basement or sublevel where you store or display fine art property?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>
What are values of the collection stored sublevel?	\$ _____	\$ _____	\$ _____	\$ _____
Is there a sublevel water alarm connected to the central station alarm system?	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>	Yes No <input type="checkbox"/> <input type="checkbox"/>

Locations Continued

	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Backup generator installed on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how many hours/days of power does it provide?	<hr/>		<hr/>		<hr/>		<hr/>	
Outdoor sculpture(s) at this location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, list total values of outdoor sculpture(s)	\$ <hr/>		\$ <hr/>		\$ <hr/>		\$ <hr/>	
Temperature and Humidity (RH) controls operating 24/7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <hr/>								

Security

	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
The premises are protected with:								
Deadbolt locks on exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centrally Monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local (Sounds alarm at premises only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Centrally Monitored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local (Sounds alarm at premises only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private security?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safe on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you have locked display cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there items below ground?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are they kept 6 inches off the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there temperature and humidity controls in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flood drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Locations that are occupied for 6 months out of a year need to be added.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Inventory

Estimated value of property in your possession at any one time	\$ <hr/>
Amount of coverage you wish to purchase	\$ <hr/>

Your Business**Yes No**

How long have you been in business? _____

Do you hold a membership in a professional conservation organization? ☐ ☐**If yes, which ones?** _____Do you employ staff? ☐ ☐

Number of full time _____ Number of part time _____

Are they professionally trained? ☐ ☐Are you responsible for transits? ☐ ☐**If yes, what is the average value per transit?** _____

Which transit companies do you use? _____

Do you have a standard contract form? ☐ ☐Are all your contracts in writing? ☐ ☐Do you document the treatment plan for each contract? ☐ ☐Do you carry Errors and Omissions insurance? ☐ ☐Do you provide any other services? ☐ ☐**If yes, please describe:****NOTICE TO APPLICANTS:****Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.****The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.****This document was issued or made by the Company in the course of its insurance business in Canada.****Applicant Signature** _____ **Title** _____ **Date** _____**Producer Signature** _____ **Title** _____ **Date** _____**Please attach the following documents to this application:**☐ CV☐ Sample of standard contract**Thank you for completing this information.**