



Dealers Program (Galleries, Private Dealers, Consultants)

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

Name _____ Mailing Address _____
 Contact Person _____ Cell _____ Fax _____
 Email _____ Web Address _____ Desired Coverage Date ___/___/___

Type of Entity

_____ Other _____

Describe your business _____ Other _____

Type of Location

<input type="checkbox"/> Commercial building			Yes	No
<input type="checkbox"/> Storage Facility	<input type="checkbox"/> Art Storage	Is this facility climate controlled?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Standard Storage	Is this facility climate controlled?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Self Storage	Is this facility climate controlled?	<input type="checkbox"/>	<input type="checkbox"/>

Other location (please explain) _____

Risk Location Factors

Location #1 (primary?) Yes No

Street _____ City _____ Province _____ Postal Code _____

Country _____

Construction type _____ Other _____

Year building built _____ How many floors are there in the building? _____

Is your property within 1000 Feet of a public fire hydrant and within 5 kilometers of a fire department? Yes No

What is the distance to the hydrant? _____ What is the distance to the fire department? _____

Is it a volunteer fire department? Yes No

Loss Protection Information

The premises are protected with:

Deadbolt locks on exterior doors?	Yes	No	Fire extinguisher?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Smoke detectors?	Yes	No	Sprinkler system?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Fire alarm?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Local (Sounds alarm at premises only)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Central station (Reports to an alarm company, Police or Fire Department)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Burglar alarm?	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Local (Sounds alarm at premises only)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Central station (Reports to an alarm company, Police or Fire Department)	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Loss Protection Information *continued*

Yes No

Yes No

Private security	<input type="checkbox"/>	<input type="checkbox"/>	Do you have a safe on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Are you in a gated community?				<input type="checkbox"/>	<input type="checkbox"/>
Do you have a 24 hour doorman or security within your building?				<input type="checkbox"/>	<input type="checkbox"/>
Other security _____			Value of collection at this location \$ _____		
Do you have other locations?				<input type="checkbox"/>	<input type="checkbox"/>
Locations that are occupied for 6 months out of a year need to be added.					

Risk Selection

Yes No

How many years have you been in business? _____		
Name of Principals/Owners _____		
Are they active in the day to day business? _____		
Are you a member of any professional organizations relating to your business?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which ones: _____		
Have you had any losses paid or otherwise in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Current insurance company _____		
Has your insurance been cancelled or non-renewed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, then reason: _____		Other _____
Have you filed bankruptcy in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you employ staff?	<input type="checkbox"/>	<input type="checkbox"/>
Number of full time _____		Number of part time _____
Are they professionally trained?	<input type="checkbox"/>	<input type="checkbox"/>
Name of your Director _____		Number of years he/she has been in the business _____
What other services do you provide? _____		
Do you have a written disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>

Determining the Values at Risk

Describe your inventory (medium/percentage of total stock): *Check each that apply*

<input type="checkbox"/> Paintings	<input type="checkbox"/> Prints	<input type="checkbox"/> Drawings	<input type="checkbox"/> Crafts	<input type="checkbox"/> Photographs	<input type="checkbox"/> Sculptures
Breakables-	<input type="checkbox"/> Glass, ceramics, porcelain	<input type="checkbox"/> Tapestries, rugs, fabrics	<input type="checkbox"/> Silver/precious metals		
<input type="checkbox"/> Antique guns and weaponry	<input type="checkbox"/> Jewelry	<input type="checkbox"/> Furniture	<input type="checkbox"/> Rare books & manuscripts		
<input type="checkbox"/> Stamps & coins	<input type="checkbox"/> Other _____				

Average total values of stock held for sale

Your own property based on selling price _____
Property of others based on consigned value _____
Art reference library based on replacement cost _____
Amount of coverage you wish to purchase _____

Determining the Values at Risk *continued*

Yes No

Inventory control

Do you keep complete records of all purchases, sales and consignment transactions including detail of all goods in trust and/or on commission? Yes No

Are your consignment agreements in writing? Yes No

Do you take inventory annually? Yes No

Is your inventory digitized? Yes No

Is your inventory computerized? Yes No

What was the total value of inventory the last time inventory was taken? _____

Please advise the date of the inventory _____

Do you retain clear title to your own property held for sale? Yes No

Annual sales for the past 3 years?

Year _____ Amount _____

Year _____ Amount _____

Year _____ Amount _____

Transit/Shipments

For domestic shipments: What is the value of your incoming shipments _____

What is the value of your outgoing shipments _____

For international shipments: What is the value of your incoming shipments _____

What is the value of your outgoing shipments _____

Do you sell your items at trade fairs or shows Yes No

Our standard quote includes a limit of 25% of your *At Named location limit* for Transit. Do you want a quote for a higher transit limit? Yes No

Please indicate limit needed _____

Deductibles

Choose from the list below _____ Other _____

Earthquake / CA Supplemental Questionnaire

Yes No

Please answer questions where applicable

Do you want an earthquake quotation? Yes No

Has the structure been retrofitted in accordance with California building codes? Yes No

Has the collection been professionally mitigated? Yes No

Do you have this report? Yes No

Have the recommendations been implemented? Yes No

What measures have you taken to protect the collection should an earthquake occur? _____

Are sculptures secured to their bases? Yes No

Are decorative objects secured to the surface with adhesive mounts? Yes No

Are pictures hung on the wall with approved hooks? Yes No

Other mitigation methods, please describe _____

Florida and Gulf of Mexico Supplemental Questionnaire

Yes No

Is the property within 5 kilometers of coastal body of water?	<input type="checkbox"/>	<input type="checkbox"/>
Are there permanent shutters or high-impact resistant glass on all windows of your building?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a storm closet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have hurricane straps holding the roof to the rafters?	<input type="checkbox"/>	<input type="checkbox"/>
Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure?	<input type="checkbox"/>	<input type="checkbox"/>
If the roof is Spanish tile, are clips in place?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a back up generator for the climate control system?	<input type="checkbox"/>	<input type="checkbox"/>
Is the back-up generator located off the ground?	<input type="checkbox"/>	<input type="checkbox"/>
Are air conditioning systems functioning at all times to prevent mold?	<input type="checkbox"/>	<input type="checkbox"/>
Are you ready to move the collection to a safe location in the event of a hurricane watch?	<input type="checkbox"/>	<input type="checkbox"/>
Is this location a specialty warehouse?	<input type="checkbox"/>	<input type="checkbox"/>
Other type of location, please describe: _____ _____		

Terrorism Coverage

As provided under the TRIA amended by Congress on 12/26/2007 we will automatically include a price for Terrorism coverage in your quote if available. If you decide you do not want this coverage, you may decline it before the policy is issued.

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

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** _____

Thank you for completing this information.