



Framers Program

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

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

Type of Framer

_____ Other _____

Type of Location

		Yes	No
<input type="checkbox"/>	Commercial building		
<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 _____			

Risk Location Factors

		Yes	No
Location #1 (primary?)		<input type="checkbox"/>	<input type="checkbox"/>
Street _____ City _____ Country _____			
Province _____ Postal Code _____			
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?		<input type="checkbox"/>	<input type="checkbox"/>
What is the distance to the hydrant? _____ What is the distance to the fire department? _____			
Is it a volunteer fire department?		<input type="checkbox"/>	<input type="checkbox"/>

Loss Protection Information

		Yes	No	Yes	No
The premises are protected with:					
Deadbolt locks on exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>			
Local (Sounds alarm at premises only)				<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)				<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm?	<input type="checkbox"/>	<input type="checkbox"/>			
Local (Sounds alarm at premises only)				<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)				<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 long have you been in 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 claims 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"/>
Do your work orders establish who is responsible for insuring the item(s) to be framed?				<input type="checkbox"/>	<input type="checkbox"/>
If you are responsible for insuring the item(s), are all values agreed upon with the owner in writing prior to framing?				<input type="checkbox"/>	<input type="checkbox"/>
Do you wish to insure your stock held for sale?				<input type="checkbox"/>	<input type="checkbox"/>
Current value of inventory \$ _____					
Inventory consists of:					
<input type="checkbox"/> Original art	<input type="checkbox"/> Prints	<input type="checkbox"/> Poster art	<input type="checkbox"/> Premade frames and shadowboxes		
<input type="checkbox"/> Other _____					
Do you wish to insure your tools and equipment?				<input type="checkbox"/>	<input type="checkbox"/>
Current value of inventory \$ _____					
Do you have a computerized inventory?				<input type="checkbox"/>	<input type="checkbox"/>
Do you have a digitized inventory?				<input type="checkbox"/>	<input type="checkbox"/>
What other services do you provide? _____					
Do you carry Errors and Omissions insurance?				<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written disaster plan?				<input type="checkbox"/>	<input type="checkbox"/>

Determining the Values at Risk

Yes No

Estimated annual receipts from framing: _____

Stock held for sale – your inventory: _____

Tools and equipment value: _____

Total amount of coverage you wish to purchase? _____

Policy provides 25% of the total limit for transit, coverage at any other location and for bailee legal liability.

Deductibles

Choose from list _____ 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? Yes No

Are there permanent shutters or high-impact resistant glass on all windows of your building? Yes No

Do you have a storm closet? Yes No

Do you have hurricane straps holding the roof to the rafters? Yes No

Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure? Yes No

If the roof is Spanish tile, are clips in place? Yes No

Is there a back up generator for the climate control system? Yes No

Is the back-up generator located off the ground? Yes No

Are air conditioning systems functioning at all times to prevent mold? Yes No

Are you ready to move the collection to a safe location in the event of a hurricane watch? Yes No

Is this location a specialty warehouse? Yes No

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.