



## Framer 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?	<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 Continued**

	Location 1	Location 2	Location 3	Location 4
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?	_____	_____	_____	_____
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)	\$ _____	\$ _____	\$ _____	\$ _____
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 _____				

**Security**

	Location 1 Yes No	Location 2 Yes No	Location 3 Yes No	Location 4 Yes No
<b>The premises are protected with:</b>				
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 Business	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? _____		
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"/>
Estimated value of works in your possession in any one time \$ _____		
Amount of coverage you wish to purchase \$ _____		
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"/>
Are you responsible for any transits?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is the average value per transit? _____		
Which companies do you use for transits? _____		
Do you wish to insure any stock held for sale?	<input type="checkbox"/>	<input type="checkbox"/>
Current value of inventory \$ _____		
Do you wish to insure your tools and equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Current value for sale inventory \$ _____		
Do you provide any other services?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what kind? _____		
Do you carry Errors and Omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>

**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 \_\_\_\_\_

Thank you for completing this information.

Please attach the following documents to this application:

☐ CV