



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	
	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?	_____		_____		_____		_____	
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		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"/>
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 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"/>

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 \$ _____		

Your Business Continued**Yes No**

Amount of coverage you wish to purchase \$ _____

Do your service agreements establish who is responsible for insuring the item(s) to be framed? ☐ ☐If you are responsible for insuring the item(s), are all values agreed upon with the owner in writing prior to framing? ☐ ☐

Are you responsible for any transits?

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? ☐ ☐

Current value of inventory \$ _____

Do you wish to insure your tools and equipment? ☐ ☐

Current value for sale inventory \$ _____

Do you provide any other services? ☐ ☐**If yes**, what kind? _____Do you carry Errors and Omissions insurance? ☐ ☐**Earthquake (For CA, OR, WA locations only)****Location 1**
Yes No**Location 2**
Yes No**Location 3**
Yes No**Location 4**
Yes NoDo you want an earthquake coverage quotation? ☐ ☐

Value of covered property at this location \$ _____ \$ _____ \$ _____ \$ _____

What year was your building built? _____

Has the structure been retrofitted in accordance with California building codes? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

What measures have you taken to protect the covered property should an earthquake occur?

Hurricane Coverage**(for FL and Gulf Coast locations only)****Location 1**
Yes No**Location 2**
Yes No**Location 3**
Yes No**Location 4**
Yes NoIs the property within 5 miles of coastal body of water? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Are there permanent shutters of high-impact resistant glass on all windows of your building? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Do you have a storm closet? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Do you have hurricane straps holding the roof to the rafters? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐If the roof is Spanish tile, are clips in place? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐Is there a back-up generator for the climate control system? ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

Hurricane Coverage Continued

	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Is the back-up generator located off the 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 air conditioning systems functioning at all times?	<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 you ready to move the covered property to a safe location in the event of a hurricane watch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is this location a specialty warehouse?	<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 type of location, please describe:								

Fraud Statements

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

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

Applicable in MD: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicable in OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Fraud Statements *Continued*

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

NOTICE TO APPLICANTS:

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.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____

Thank you for completing this information.

Please attach the following documents to this application:

☐ CV