



Museum and Cultural Institution Program

Please read this application carefully and confirm that all information is correct. If your primary business is operating a library, please complete our library program application

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

Type of Institution

- Museum _____ Other _____
- Historic Home and Site
- College or University
- Library _____
 - Special Collection only
 - Special Collection and General Circulation

Risk Location Factors

Location #1 click here if this is your primary location click here if this is the same as your mailing address

Street _____ City _____ Country _____

Province _____ Postal Code _____

Is this location owned or leased? _____ Estimated value at this location \$ _____

Type of Location

- Private Residence
 - Single family home
 - Apartment/coop/condo
- Commercial building
- Storage Facility
 - Art Storage Name of Storage Facility _____
 - Standard Storage Name of Storage Facility _____
 - Self Storage Name of Storage Facility _____

Construction Type

Yes No

_____ 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?

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

Is it a volunteer fire department?

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"/> |
| Private security | <input type="checkbox"/> | <input type="checkbox"/> | Do you have a safe on premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have locked display cases? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a strong room or vault? | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| 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

| | | |
|--|--------------------------|--------------------------|
| Year institution was founded _____ Is your institution accredited? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name of accredited organization _____ | | |
| Is your Institute a member of any professional organizations? | <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? _____ | | |
| Have you filed bankruptcy in the last 7 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Director: _____ Name of Registrar: _____ | | |
| Is your inventory computerized? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is your inventory digitized? | <input type="checkbox"/> | <input type="checkbox"/> |
| How often are your records, appraisals or other methods of keeping track of your collection updated? _____ | | |
| Does your institution borrow or loan items? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have an up-to-date record of all loans you are responsible for? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you loan or borrow items internationally? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all loan agreements in writing? | <input type="checkbox"/> | <input type="checkbox"/> |

Risk Selection *continued*

Yes No

| | | |
|--|--------------------------|--------------------------|
| Do you use a standard form for loans? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you condition report all incoming or outgoing loans? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a written disaster plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your museum offer any other services to the general public? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you obtain certificates of insurance from the parties that hold events at your facility | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you carry Conservators E & O Insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

Determining the Values at Risk

The Museum program includes coverage for your special property including the permanent and temporary loans collection and your art reference library.

Please check off the items within this category that form a part of your collection:

- Fine Arts Silverware Musical Instruments Stamps & coins Wine collections Furs
- Jewelry Cameras Collector Vehicles Rare books and Manuscripts
- Miscellaneous Collectibles Other _____

Please provide a list of your 5 most valuable items including each item's estimated value

| | | |
|--|-------------------------------------|----------------|
| Name if item: _____ | Description including medium: _____ | Value \$ _____ |
| Name if item: _____ | Description including medium: _____ | Value \$ _____ |
| Name if item: _____ | Description including medium: _____ | Value \$ _____ |
| Name if item: _____ | Description including medium: _____ | Value \$ _____ |
| Name if item: _____ | Description including medium: _____ | Value \$ _____ |
| Estimated value of permanent collection | \$ _____ | |
| Estimated value of temporary loans | \$ _____ | |
| Estimated value of your art reference library | \$ _____ | |
| Estimated total value of your collection | \$ _____ | |
| What is the value of your highest wing/floor/building? | \$ _____ | |
| Amount of coverage you wish to purchase: | \$ _____ | |

Increased Sublimit Option

Yes No

This policy automatically provides sub-limits for any other location, transit and bailee legal liability at 25% of your total limit.

| | | |
|---|--------------------------|--------------------------|
| Would you like a quotation for higher limits? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

Deductibles

Choose your deductible _____ Other _____

Earthquake / CA Supplemental Questionnaire

| | | |
|--|--|--------------------------|
| Do you want an earthquake coverage quotation? | <input type="checkbox"/> | <input type="checkbox"/> |
| Value of collection at this location \$ _____ | What year was your building built? _____ | |
| Has the structure been retrofitted in accordance with California building codes? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the collection been professionally mitigated? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have this report? | <input type="checkbox"/> | <input type="checkbox"/> |

Earthquake / CA Supplemental Questionnaire *continued*

Yes No

| | | |
|---|--------------------------|--------------------------|
| Have the recommendations been implemented? | <input type="checkbox"/> | <input type="checkbox"/> |
| What measures have you taken to protect the collection should an earthquake occur? _____ _____ | | |
| Are sculptures secured to their bases? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are decorative objects secured to the surface with adhesive mounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are pictures hung on the wall with approved hooks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 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.