



Collector Application

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

Name _____ Mailing Address _____

Contact Person _____ Telephone _____

Email _____ Website, if applicable _____ Desired Coverage Date ____/____/____

History

Yes No

How many years have you been collecting? _____

Are you a member of any professional organizations? _____

☐ Yes ☐ No

If yes, which ones? _____

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? _____

☐ Yes ☐ No

Current insurance company _____

Has your insurance been cancelled or non-renewed for any reason? _____

☐ Yes ☐ No

If yes, then reason? _____

Have you filed bankruptcy in the last 7 years? _____

☐ Yes ☐ No

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 At This Location

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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Locations Continued

	Location 1		Location 2		Location 3		Location 4	
What are values of the collection stored sublevel?	\$ _____		\$ _____		\$ _____		\$ _____	
Is there a sublevel water alarm connected to the central station alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?								
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"/>
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"/>

Your Collection

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

- ☐ Paintings ☐ Silverware ☐ Musical Instruments ☐ Stamps & coins ☐ Wine/Spirits
☐ Photography ☐ Jewelry ☐ Cameras ☐ Rare/Vintage vehicles
☐ Rare books ☐ Other Collectibles, please specify _____

Estimated total value of your collection \$ _____

	Yes	No
Do you have appraisals for the items in your collection?	<input type="checkbox"/>	<input type="checkbox"/>
How recent are these? _____		
Do you employ collections manager to manage your collection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you loan your collection?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are there loan agreements in place?	<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 _____

Please attach the following documents to this application:

- ☐ Inventory of collection (including artist, title, medium, size, value)
☐ Any recent appraisals

Thank you for completing this information.