



Private 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 related to your collecting activities? _____

☐ ☐

If yes, which ones? _____

Have you had any claims in the past 5 years? _____

☐ ☐

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? _____

☐ ☐

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 At This Location

1. \$ _____

2. \$ _____

3. \$ _____

4. \$ _____

	Location 1	Location 2	Location 3	Location 4
If Residential (Single family [house], Multi-family [condo/townhouse])	☐ S ☐ M	☐ S ☐ M	☐ S ☐ M	☐ S ☐ M
If Commercial (Office, Museum, Warehouse, Gallery, Studio)	☐ O ☐ M ☐ W ☐ G ☐ S	☐ O ☐ M ☐ W ☐ G ☐ S	☐ O ☐ M ☐ W ☐ G ☐ S	☐ O ☐ M ☐ W ☐ G ☐ S
Year Built				
Construction (Wood Frame, Masonry, Brick Exterior, Concrete, Other)	☐ F ☐ M ☐ B ☐ C ☐ O	☐ F ☐ M ☐ B ☐ C ☐ O	☐ F ☐ M ☐ B ☐ C ☐ O	☐ F ☐ M ☐ B ☐ C ☐ 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 ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

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 ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐	Yes ☐	No ☐
Backup generator installed on site?	☐	☐	☐	☐	☐	☐	☐	☐
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	☐	☐	☐	☐	☐	☐	☐	☐
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?	☐	☐	☐	☐	☐	☐	☐	☐
Smoke detectors?	☐	☐	☐	☐	☐	☐	☐	☐
Fire extinguisher?	☐	☐	☐	☐	☐	☐	☐	☐
Sprinkler system?	☐	☐	☐	☐	☐	☐	☐	☐
Centrally Monitored?	☐	☐	☐	☐	☐	☐	☐	☐
Fire alarm?	☐	☐	☐	☐	☐	☐	☐	☐
Local (Sounds alarm at premises only)	☐	☐	☐	☐	☐	☐	☐	☐
Central station (Reports to an alarm company, Police or Fire Department)	☐	☐	☐	☐	☐	☐	☐	☐
Centrally Monitored?	☐	☐	☐	☐	☐	☐	☐	☐
Burglar alarm?	☐	☐	☐	☐	☐	☐	☐	☐
Local (Sounds alarm at premises only)	☐	☐	☐	☐	☐	☐	☐	☐
Central station (Reports to an alarm company, Police)	☐	☐	☐	☐	☐	☐	☐	☐
Private security?	☐	☐	☐	☐	☐	☐	☐	☐
Do you have a safe on premises?	☐	☐	☐	☐	☐	☐	☐	☐
Do you have locked display cases?	☐	☐	☐	☐	☐	☐	☐	☐
Are there temperature and humidity controls in place?	☐	☐	☐	☐	☐	☐	☐	☐

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 \$ _____

Your Collection Continued

	Yes	No
Do you have appraisals for the items in your collection?	☐	☐
If yes, when were these completed? _____		
Do you employ or contract with a professional collections manager?	☐	☐
Do you loan items for you collection for display elsewhere?	☐	☐
If yes, are there loan agreements in place?	☐	☐

Earthquake (For CA, OR, WA locations only)	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Do you want an earthquake coverage quotation?	☐	☐	☐	☐	☐	☐	☐	☐
Value of collection at this location	\$ _____		\$ _____		\$ _____		\$ _____	
What year was your building built?	_____		_____		_____		_____	
Has the structure been retrofitted in accordance with California building codes?	☐	☐	☐	☐	☐	☐	☐	☐
Has the collection been professionally mitigated?	☐	☐	☐	☐	☐	☐	☐	☐
Do you have this report?	☐	☐	☐	☐	☐	☐	☐	☐
Have the recommendations been implemented?	☐	☐	☐	☐	☐	☐	☐	☐

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

Are sculptures secured to their bases?	☐	☐	☐	☐	☐	☐	☐	☐
Are decorative objects secured to the surface with adhesive mounts?	☐	☐	☐	☐	☐	☐	☐	☐
Are pictures hung on the wall with approved hooks?	☐	☐	☐	☐	☐	☐	☐	☐

Other mitigation methods, please describe:

Hurricane Coverage (for FL and Gulf Coast locations only)	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Is 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?	☐	☐	☐	☐	☐	☐	☐	☐

Hurricane Coverage Continued

	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
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?	☐	☐	☐	☐	☐	☐	☐	☐
Is the back-up generator located off the ground?	☐	☐	☐	☐	☐	☐	☐	☐
Are air conditioning systems functioning at all times?	☐	☐	☐	☐	☐	☐	☐	☐
Are you ready to move the collection to a safe location in the event of a hurricane watch?	☐	☐	☐	☐	☐	☐	☐	☐
Is this location a specialty warehouse?	☐	☐	☐	☐	☐	☐	☐	☐
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 policy- holder 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.

Fraud Statements *Continued*

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.

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** _____

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.