



# Corporate Collection Program

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

Named Insured \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

### Policy Type

We offer two types of policies for corporate collections. The blanket policy provides coverage for unscheduled special property. The scheduled policy provides coverage for items listed individually on the schedule by description and value. The scheduled policy type provides more credits and a lower overall cost.

1. Which policy is requested?  Blanket  Scheduled

### Collection Information

1. Total value of the collection \$ \_\_\_\_\_ Number of items in the collection \_\_\_\_\_

2. Please list the top 5 items by value (If this submission includes a full appraisal or schedule of objects, skip this section)

Item	Value
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____

3. What percentage, by value, of the collection is fragile? (Glass, ceramic, mix media, textile, etc.) \_\_\_\_\_

	<b>Yes</b>	<b>No</b>
4. Are there any outdoor sculptures?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please complete the outdoor sculpture section at the end of the application

5. **Primary Location** (Location which contains the majority of the collection)

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Estimated value at this location \$ \_\_\_\_\_

6. Type of Location

Commercial Building  Private Residence  Storage Facility  Other

7. If this is a storage facility complete the following

a. Name of Storage Facility \_\_\_\_\_

b. Which best describes the type of storage?

Art Specific  Warehouse  Self-Storage  Private

**Construction Type**

Yes No

1. Select the construction type that best describes this location

 Frame   
 Joisted Masonry   
 Masonry   
 Fire Resistive   
 Other \_\_\_\_\_

2. Year building was built \_\_\_\_\_ How many floors are there in the building? \_\_\_\_\_

3. Is the property within 1,000 feet of a public fire hydrant and less than 5 miles of a fire department?  Yes  No4. Is it a volunteer fire department?  Yes  No**Risk Location Factors**

Yes No

**The premises are protected with:**1. Deadbolt locks on exterior doors  Yes  No2. Fire alarm  Yes  NoIf yes, does the fire alarm report to a central station monitoring company?  Yes  No3. Fire extinguisher  Yes  No4. Sprinkler system  Yes  No5. Burglar alarm  Yes  NoIf yes, does the burglar alarm report to a central station monitoring company?  Yes  No6. Is there private security on site?  Yes  No7. Is there a safe on the premises?  Yes  No8. If items are in display cases, are the cases locked?  Yes  No9. Is there a strong room or vault?  Yes  No10. Is this location ever left unoccupied?  Yes  No

If yes, describe when and for how long?

**Risk Selection**

Yes No

1. Type of Organization \_\_\_\_\_ Number of years collecting \_\_\_\_\_

2. Is the person responsible for the collection a member of any professional organizations relating to the collection?  Yes  No3. Have there been any claims in the past 5 years?  Yes  No

4. Description of loss \_\_\_\_\_

Date of loss \_\_\_\_\_ Amount paid \$ \_\_\_\_\_

What has been done, if anything, to prevent future claims of this type?

5. Is the applicant currently insured?  Yes  No

Current insurance company \_\_\_\_\_

**Risk Selection Continued**

	Yes	No
6. Has the applicant's fine art insurance ever been canceled or non-renewed for any reason? <b>If yes</b> , please provide the reason _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Has the applicant filed for bankruptcy in the past?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are there appraisals for the items in the collection? <b>If yes</b> , what is the date of the most recent appraisal? _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Are professional staff employed to manage and maintain the collection? <b>If yes</b> , are they full time employees of the applicant?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
10. Are items ever loaned to others? <b>If yes</b> , are written loan agreements obtained on all outgoing loans?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Are items ever consigned with a dealer for the purpose of sale? <b>If yes</b> , are these consignment agreements obtained in writing?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
12. Is the applicant ever required to provide the insurance coverage while the item is consigned? <i>Please note that if the dealer is providing the coverage, this condition should be written into the consignment agreement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the applicant retain 100% ownership of the collection? <b>If no</b> , how much of the collection is partially owned, owned by others or used as collateral? \$ _____ Identify those items and provide further details of ownership.	<input type="checkbox"/>	<input type="checkbox"/>
14. Does the general public have access to the collection?	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there a computerized inventory? How often is inventory list updated? _____	<input type="checkbox"/>	<input type="checkbox"/>
16. Are duplicate or backup copies of the inventory maintained?	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there a written disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>

**Deductibles**

1.  \$500  \$1,000  \$2,500  \$5,000  Other \_\_\_\_\_  
All outdoor sculptures require a \$2,500 deductible

**Earthquake/CA Supplemental Questionnaire***Complete this section if there is a permanent location in California*

	Yes	No
1. Does the applicant want an earthquake coverage quotation?	<input type="checkbox"/>	<input type="checkbox"/>
2. Value of collection at this location \$ _____		
3. Has the structure been retrofitted in accordance with California building codes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has the collection been professionally surveyed for exposure to earthquake? <b>If yes</b> , is the mitigation report available? Have the recommendations been implemented?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**Earthquake/CA Supplemental Questionnaire *Continued***

	Yes	No
5. Are sculptures secured to their bases?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are decorative objects secured to the surface with adhesive mounts?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are pictures hung on the wall with approved hooks? If other mitigation methods are used, please describe.	<input type="checkbox"/>	<input type="checkbox"/>

**Florida and Gulf of Mexico Supplemental Questionnaire**

*Complete this section if the location is in the State of Florida or within 100 miles of the Gulf of Mexico.*

	Yes	No
1. Is the property within 5 miles of coastal body of water?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are there permanent shutters or high-impact resistant glass on all windows at this location?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a storm closet?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there hurricane straps holding the roof to the rafters?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure?	<input type="checkbox"/>	<input type="checkbox"/>
6. If the roof is Spanish tile, are clips in place?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there a back-up generator for the climate control system? <b>If yes</b> , is the back-up generator located off the ground?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
8. Does the climate control system remain in operation during extended period of non-occupancy?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there a contingency plan to move the collection to a safe location in the event of a hurricane watch? Is this location a specialty warehouse? If it's another type of location, please describe.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

**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.

**Fraud Statements**

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (*or willfully*)\* presents a false or fraudulent claim for payment of a loss or benefit or 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. *\*Applies in MD Only.*

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

**Fraud Statements Continued**

**Applicable in FL and OK:** 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*)\*. *\*Applies in FL Only.*

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and 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 (*not to exceed five thousand dollars and the stated value of the claim for each such violation*)\*. *\*Applies in NY Only.*

**Applicable in ME, TN, VA and 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 denial of insurance benefits. *\*Applies in ME Only.*

**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 OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

**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.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_