



Artist 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? ☐ ☐

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

If yes, then reason? _____

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 <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"/>
What are values of the collection stored sublevel?	\$ _____	\$ _____	\$ _____	\$ _____

Locations Continued

	Location 1		Location 2		Location 3		Location 4	
	Yes	No	Yes	No	Yes	No	Yes	No
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"/>
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"/>
Locations that are occupied for 6 months out of a year need to be added.	<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 Practise**Yes No**

Do you have gallery representation?

☐ ☐

Which Gallery? _____

Please note the percentage of items that form your practise.

Paintings _____% Drawings _____% Photography _____% Ceramics _____%

Mixed Media _____% Hot Works _____% Other _____% _____%

Estimated value of your inventory \$ _____

Amount of coverage you wish to purchase \$ _____

Do you attend exhibitions/fairs?

☐ ☐**If yes, list here.**

Last x3 years of sales history

1.

2.

3.

Do you keep a computerized inventory?

☐ ☐

How often do you check your inventory? _____

Do you ship works?

☐ ☐☐ Locally ☐ Internationally

Average value of a shipment \$ _____

Which shippers do you use? _____

Do you take on commissioned works?

☐ ☐

Do you have contracts in place for these commissions?

☐ ☐

Do you have consignment agreements in place with galleries?

☐ ☐**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:☐ CV☐ Sample consignment agreement