



## APPLICATION FOR FINE ART DEALERS & GALLERIES INSURANCE

Please answer all questions to the best of your knowledge and belief, do not leave any questions unanswered. All material facts must be disclosed, as failure to do so may void the insurance, if issued. If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer or consult your broker or Underwriters.

### DETAILS OF APPLICANT

1) Name(s) of [all] Applicant(s) seeking to be insured hereunder:	
2) Names of all Principals and Owners:	
3) Address of each premises to be insured: Full address and Zip Code:	
Telephone Number: Facsimile Number: Mobile Number: E-Mail Address:	
Mailing Address: (if different to above) – details:	
4) Date when insurance is to commence?	
5) Main type of Art or Antiques traded:	
6) How long have you carried on your business? At this address:                      Elsewhere:	
7) Are you a member of any Trade Association? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	
8) Have you ever done business under a different name?..... Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:	

### OPERATIONS AND SECURITY DETAILS

9) How many employees do you have?
10) Are the premises occupied by anyone at night? ..... Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details:
11) Please provide details of protection in use for securing the following: a) External Doors: ..... b) Windows and skylights:..... c) Display Windows (state type of glass): .....



12) Do you have a working Burglar Alarm System? ..... Yes  No

If yes, please state:

- i) Make/Installer:
- ii) Year of Installation:
- iii) Method of Signalling (check as applicable) Bells only   
 Digital Communicator  Central Station Alarm
- iv) Are Hold Up Buttons Installed? ..... Yes  No
- v) Areas Covered by Alarm:
- vi) Is the Alarm System maintained under Contract? Yes  No

13) Do you have a safe or a Vaultroom? ..... Yes  No

If yes, please state specification:

14) Are there:

- i) Fire Extinguishers? ..... Yes  No
- ii) Fire Alarms? ..... Yes  No
- iii) Smoke Detectors? ..... Yes  No
- iv) Sprinklers? ..... Yes  No

15) Construction of building ..... Square feet occupied .....

16) Condition of building ..... Updates to Electrical and Plumbing ...

17) Year built ..... Other occupancies of building .....

18) Premises shared ..... Other material information .....

19) Any catastrophic exposures ..... Other details .....

20) Are there any other fire or security protections? ..... Yes  No

If yes, please give details:

21) Do you keep complete records and account books in respect of all purchases, sales and consignment transactions including details of all goods in trust and/or on commission? ..... Yes  No

22) Do you take inventory annually? ..... Yes  No

23) Do you have a written inventory of every item ..... Yes  No

24) Date of last written inventory ..... \_\_\_\_\_

25) Is it your practice to give receipts for goods left with you by non-trade customers for repair, valuation, sale or any other purpose and to require surrender of such receipts before items or goods insured hereunder are returned to customers? ..... Yes  No

26) Do you use entrustment/consignment notes in respect of all entrustments out? Yes  No



When answering the next section, use the following basis of valuation:

- a) Your own Stock: ..... Cost Price plus 30% or Selling Price less 20% whichever is the greater
- b) Entrustment Stock: ..... Your liability to Third Parties plus 10%
- c) Items sold and not delivered..... Selling Price

**SUMS TO BE INSURED**

27) Sums Insured state the sums insured required for the next twelve months for the following categories:

- i) Stock (for resale) including entrustments in from artists and privates:.... \$
- ii) Trade and Office Contents, Fixtures and Fittings: ..... \$
- iii) Fine Arts forming part of a Private Collection: ..... \$  
Basis of Valuation Agreed Value. Assured will supply schedule of items prior attachment Yes  No
- iv) Reference Library: ..... \$
- v) Stock in Transit or at any other temporary location: ..... \$

28) Do you require cover for Trade Fairs and Exhibitions? Yes  No

If yes, state the no. of Fairs to be attended, details of the locations and the maximum limit required at each:

<u>Fair</u>	<u>Dates</u>	<u>Sum Insured</u>
		\$
		\$
		\$

**SHIPPING TURNOVER**

29) Please advise details of annual amount shipped (transit turnover) for:

- Domestic shipments (USA to USA only):.....\$
- Overseas shipments: World to/from USA to/from World) ..... \$

**TERRITORIAL LIMITS REQUIRED**

30) Territorial Limit required: United States only  Worldwide  (additional charge applies)

**NATURE OF THE ASSURED’S INVENTORY (including incoming consignments)**

31) Please indicate the approximate proportion per category of the total value of stock:

- i)....Pictures and the like, including frames ..... %
- ii) ...Non-fragile sculpture ..... %
- iii) ..Fragile sculpture..... %
- iv) ..Furniture..... %
- v) ...Silverware, plateware and precious metals..... %
- vi) ..Ceramics, glass and other brittle items ..... %
- vii) ..Antiquarian books..... %
- viii) Antique clocks ..... %
- ix) ..Carpets, Rugs and Tapestries..... %
- x) ...Any other type of stock not listed above ..... %

(Please specify)

