

# L. V. Toole Insurance Agency, Inc.

195 Main Street, Lee, MA 01238 Telephone: (800) 958-6653 Fax: (413) 243-4221

**www.FineArtInsurance.com**

## Commercial Fine Arts Insurance Application

### Insured

Name of Business or Org. \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

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

Telephone Number ( ) - \_\_\_\_\_ Fax Number ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Web Site URL \_\_\_\_\_

Applicant is:  Individual  Partnership  Corporation  Other: \_\_\_\_\_

Desired effective date of coverage \_\_\_\_\_

### Business Description

Describe business of insured:  Gallery  Private Dealer  Consultant  Framer  Museum

Artist  Other \_\_\_\_\_

Name of President or Executive Director \_\_\_\_\_

Professional background of all principals \_\_\_\_\_

List art association memberships \_\_\_\_\_

### Inventory

Type of Fine Art (Antiques, Contemporary, Old Masters, etc.) \_\_\_\_\_

Describe type of inventory (medium/percentage of total stock)

Paintings \_\_\_\_\_% Prints \_\_\_\_\_% Photographs \_\_\_\_\_% Antique Jewelry \_\_\_\_\_%

Drawings \_\_\_\_\_% Crafts \_\_\_\_\_% Porcelain/Glass \_\_\_\_\_% Antique Furniture \_\_\_\_\_%

Silver/Precious Metals \_\_\_\_\_% Sculpture(Fragile) \_\_\_\_\_% Sculpture (Non-Fragile) \_\_\_\_\_%

Outside Sculpture \_\_\_\_\_% Tapestries, rugs, fabrics \_\_\_\_\_% Rare Books/Manuscripts \_\_\_\_\_%

Average total value of fine arts:

Your own property, based on selling price: \$ \_\_\_\_\_

Property of others, based on the consigned value: \$ \_\_\_\_\_

If art reference library is to be included, based on replacement cost: \$ \_\_\_\_\_

Date of most recent inventory \_\_\_\_/\_\_\_\_/\_\_\_\_ Inventory value \$ \_\_\_\_\_

What valuation was used? (Selling price, Appraised value, etc) \_\_\_\_\_

Do you retain clear title to each object in your inventory?  Yes  No \_\_\_\_\_

### Location

Primary location address \_\_\_\_\_

*Copy and complete for each additional location)*

Construction of building:  Fire Resistive  Masonry  Frame

Year built \_\_\_\_\_ Square footage you occupy \_\_\_\_\_ Number of floors \_\_\_\_\_

Which floors do you occupy? \_\_\_\_\_ If basement occupancy, are items stored at least 12

inches above floor?  Yes  No

Is this your residence?  Yes  No Type of occupants in building \_\_\_\_\_

Please attach a photograph of the exterior of the location

**Protection**

Do you have a local fire/smoke alarm?  Yes  No A central station fire/smoke alarm?  Yes  No  
Name and address of alarm company: \_\_\_\_\_

Is your central station fire alarm listed and installed per UL specifications?  Yes  No  
Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Number of fire extinguishers in your space: \_\_\_\_\_ Are they serviced annually?  Yes  No  
Is the building sprinklered?  Yes  No Is your space sprinkled?  Yes  No  
Number of smoke detectors: \_\_\_\_\_  Battery operated  Hard Wired  
Approximate distance to: Police station: \_\_\_\_\_ Fire Department: \_\_\_\_\_ Fire Hydrant: \_\_\_\_\_

**Security**

Do you have a local burglar alarm?  Yes  No Central station burglar alarm?  Yes  No  
Name and address of alarm company: \_\_\_\_\_

Is your central station burglar alarm listed and installed per UL specifications?  Yes  No  
Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Extent of protection: \_\_\_\_\_  
Are there deadbolt locks on all exterior doors?  Yes  No  
Are small items displayed in locked cases?  Yes  No

**Transit/Shipments**

Usual Method of Transporting Art

<u>Mode</u>	<u>Name of Carrier</u>	<u>Frequency</u>	<u>Estimated Value</u>	<u>Operating Radius</u>	<u>Alarmed</u>
Fine Art Carrier	_____	_____	_____	_____	_____
Express Carrier	_____	_____	_____	_____	_____
Mail	_____	_____	_____	_____	_____
Own Vehicle	_____	_____	_____	_____	_____
Public Carrier	_____	_____	_____	_____	_____

Total Annual Values Shipped: Within U.S.: \_\_\_\_\_ Outside U.S.: \_\_\_\_\_

**General Information**

Present insurance company and agent: \_\_\_\_\_  
Reason for changing: \_\_\_\_\_  
Loss information: List all insured and uninsured losses during the past 5 years. (Date, amount and cause) \_\_\_\_\_

Have you had any insurance non-renewed, cancelled or denied by any insurance company?  Yes  No  
If so, please give the reason and name of insurance company involved: \_\_\_\_\_

Please list any addition information that would have a bearing on this insurance. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How may we contact you to discuss this application and any underwriting questions that may arise?

- Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Best Time to call: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Mail: \_\_\_\_\_
- Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_