



# Commercial Fine Arts Application

Please attach to Basic App or ACORD 125.

Producer Name: \_\_\_\_\_

## APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_

Coverage effective from: \_\_\_\_\_ to: \_\_\_\_\_

Nature of Applicant's Business: \_\_\_\_\_

Existing Great American policy number or prior insurer: \_\_\_\_\_

Has any insurer cancelled or declined to renew your insurance?  Yes  No

If "Yes," explain: \_\_\_\_\_

## LIMITS OF INSURANCE (for fine arts)

### Schedule of Fine Arts:

Item #	Property Description	Location of Property	Limit of Insurance
1.	_____	_____	\$ _____
2.	_____	_____	\$ _____
3.	_____	_____	\$ _____
4.	_____	_____	\$ _____

Attach schedule of additional property, if necessary.

All other Covered Property not specifically described above

Limit (must be 100% of the value): \$ \_\_\_\_\_

Description of Property: \_\_\_\_\_

Property in transit limit: \$ \_\_\_\_\_  
( Total Annual Values Shipped \$ \_\_\_\_\_ )

Property at other locations limit: \$ \_\_\_\_\_

All Property in any one loss occurrence limit: \$ \_\_\_\_\_

Deductible Amount \$ \_\_\_\_\_

## OPTIONAL COVERAGES

Earthquake & Volcanic Eruption Coverage

Flood Coverage:  Limited Form  Include Surface Water  Broad Form

## LOSS HISTORY

Have you had any fine arts losses in the past three years?  Yes  No

If yes, explain cause, date, and amount paid: \_\_\_\_\_

# COMMERCIAL FINE ARTS LOCATION INFORMATION

Please complete a separate Location Information page for each location that has a single item that exceeds \$50,000 in value and/or total values exceed \$100,000 at that location

## APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Location # \_\_\_\_\_

## VALUES

Do you have current (not less than three years old) appraisals on all items valued at \$50,000 or more?  Yes  No  
( If not, we will require appraisal to establish proper limits of insurance )

Please provide description and limit on any items valued at more than \$50,000 each on page 1 Schedule of Fine Arts, or attach a separate schedule.

Total Values at this location are expected to be \$ \_\_\_\_\_

## BUILDING

Address: \_\_\_\_\_

Building Construction: (Select One)

Wood Frame  Joisted Masonry  Steel  Masonry Non-combustible  Fire Resistive  
 Other: (Describe) \_\_\_\_\_

Age of Building: \_\_\_\_\_

## PROTECTIVE SAFEGUARDS

Within city fire protection:  Yes  No Automatic Sprinkler System:  Yes  No  
Sprinkler Alarm is:  Local OR  Central Reporting

Burglar Alarm System:  Yes  No  
Burglar Alarm is:  Local  Central Reporting  
 Other: (Describe) \_\_\_\_\_

The burglar alarm system protects the:  Entire Premises  Entire Perimeter  Openings Only

Watchman Protection  Yes  No

If any, describe: (makes rounds on a clock, reports to central station, monitors closed circuit TV, etc.)  
\_\_\_\_\_

If any other protective safeguards exist, please describe: (attendants, safe, vault, etc.)  
\_\_\_\_\_

## LOSS HISTORY at this location for the past three years

Date	Amount Paid	Deductible Amount	Cause of Loss
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Number of years at this location: \_\_\_\_\_

What steps have been taken to prevent a recurrence?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING 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's Signature \_\_\_\_\_ Agent's Signature \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_