

DEALER APPLICATION

Please fill out the application completely. All fields are required.

Please attach to your application the other documents listed below

- Central station alarm Security Certificates – call your alarm company for a copy
- CV, bio or resume for directors and owners of the gallery (attachment or link to site with bio)
- Templates for your Consignment Agreements and Loan Agreements – examples of written contracts)
- List of Loss Payees and their Insurable Interests

Applicant Information

Gallery / Named Insured

(Entity Name as it will appear on Declarations Page)

Website

Owner Name DOB

Director Name DOB

Mailing Address

Contact Name Position

Email / Telephone

How many years have you been in business under this gallery name? (if less than 3 years, list previous experience on separate page)

Describe business of insured:

Current Insurance Carrier Expiration date of policy

Desired Effective Date Need Quote by Date

Policy Limit Requested \$ Deductible Requested \$

Inventory

Describe your inventory

Type of Fine Art (Old Masters, Contemporary, Antiques, Pre-Columbian, etc.):

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

Paintings	%	Photographs	%	Antique Furniture	%	Tapestries, rugs, fabrics	%
Prints	%	Porcelain/glass	%	Sculpture (Fragile)	%	Rare books/manuscripts	%
Crafts	%	Antique Jewelry	%	Sculpture (Non-Fragile)	%		
Drawings	%	Silver/Precious Metals	%				

List the art fairs or professional trade shows that you plan to attend in the next year

Loss History

Have you sustained loss or damage to your collection or other personal property during the last five (5) years?

If yes, please state that information below. Send additional loss descriptions in the form of a formal loss run from the relevant insurance company.

Description of Loss / Damage	Amount of Loss	Date of Loss
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Has your business filed for bankruptcy in the past five (5) years?

Have you had a judgment or a lien during the past five (5) years?

Has any coverage been declined, canceled or non-renewed during the last five (5) years?

If yes, please provide details:

Location(s)

List all locations where covered property is located and the total values on-site

Complete Address	Values Here
Location 1	\$
Location 2	\$
Location 3	\$
Location 4	\$

Location / Structure Information

	Location 1	Location 2	Location 3	Location 4
If Residential (S ingle family [house], M ulti-family [condo / townhouse])				
If Commercial (O ffice, M useum, W arehouse, G allery, S tudio)				
Outdoor sculpture(s) at this location?				
Year Built				
Construction (Wood F rame, M asonry Brick Exterior, C oncrete, O ther)				

Number of floors in the building

Floor number(s) you occupy

Is there a basement or sublevel
where you store or display art?

What are the values of the collection stored at sublevel? \$ \$ \$ \$

Is there a sublevel water alarm
connected to the central station alarm?

Flood Zone for this location

Location left unattended for extended
periods of time?

Temperature and Humidity (RH)
controls operating 24/7

Security

Location 1 Location 2 Location 3 Location 4

Do you have a monitored central station
SECURITY alarm at this location?

List monitoring company name

Does an audible siren sound on site?

Are all exterior openings alarmed?
(doors & windows)

Types of detection equipment in use /
Operation? (Magnetic contacts on
doors / windows, **M**otion, **S**ound,
Infrared, **R**ecording CCTV, **O**ther)

If multi-tenant building, is there a 24/7
doorman?

Gated community?

Fire Protection

Location 1 Location 2 Location 3 Location 4

Do you have a monitored central
station FIRE alarm at this location?

List monitoring company name

Does an audible siren sound on site?

Is the building sprinklered?

Is your space sprinklered?

Type of sprinklered system
(**W**et pipe, **D**ry pipe, **P**re-action)

Number of portable fire extinguishers

Earthquake Coverage

	Location 1	Location 2	Location 3	Location 4
Building structure is retrofitted in Accordance with State Building Code				
Earthquake mitigation techniques used on the collection				

Hurricane / Wind Damage Coverage

Complete if your property is located less than 10 miles from Atlantic or Gulf Coast

	Location 1	Location 2	Location 3	Location 4
How far away is your property from the ocean coast?	miles	miles	miles	miles
Permanent shutters on all windows?				
High-impact resistant glass on all windows?				
Hurricane straps holding for the roof?				
Storm closet installed?				

Emergency Plan

Describe your procedures and actions you have in place to protect the property in the event of a catastrophe.

Signatures

Applicants statement: I have read the above application and any attachments. I declare that the information provided in the is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Applicant's signature

Date

Producer's signature

Producer's name (please print)

State producer license No. (required in Florida)

How long have you known the applicant?

What other policies do you place for applicant?

FRAUD WARNINGS:

NOTICE TO APPLICANTS: (Not applicable to applicants in AL, AR, CO, DC, FL, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, or WA.) Any person who knowingly and with intent to defraud any insurance company or another 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 may subject the person to criminal and civil penalties.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 insurance company who knowingly provide 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing false, incomplete, or misleading information is guilty of a felony of the third degree. Statement must be approved by Office of Insurance Regulation of the Financial Services Commission.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent act, which is a crime.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment or a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto, commits a fraudulent insurance act which may be a crime and subjects the person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.