

## MUSEUM 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
- Template for Loan Agreements – example of your written contract with lenders
- Top 10 Highest Valued Items – a detailed list of the 10 highest valued artworks in the permanent collection
- SFR or GFR (standard facility report / AAM)
- Incoming and Outgoing Exhibition Schedule for at least the next 12 months

### Applicant Information

Museum / Named Insured Mailing

Address

Website

Applicant's Name / Title / Position

Email / Telephone

Current Insurance Carrier Desired

Expiration date of policy

Effective Date

Need Quote by Date

Policy Limit Requested \$

Deductible Requested \$

The institution is best described

as: University Museum / Library

Public Museum Civil / Municipal

P Private Museum

Religious Organization

Cultural Organization

### Collection Information

Total Value of Collection \$

Number of Items in Collection

Highest Valued Items

Please attach a supplement with further information if needed

Please describe the nature of your collection, breaking down categories by percentage (if possible)

Are current appraisals available (less than three years old)?

Do you retain clear title to each object in your inventory?

If no, please explain

Approximate value of on-site loans?

Does your institution agree to cover promised gifts?

If yes, total value and locations

Approximate loans off-site that you agree to cover

Please provide a copy of your exhibition schedule for the year

### **Shipping**

Who is responsible for packing and shipping?

Maximum value in any one shipment

List of shippers/ transporters used (including Federal Express, UPS and US Mail)

### **Operations Information**

Describe your catalogue system.

Please describe how you establish values for objects in your collection.

How many exhibitions do you host annually?

How many of those exhibitions typically require an endorsement to increase coverage?

Do you keep a duplicate copy of your collection records off-site / in the cloud?

Attach a copy of your SFR or GFR (AAM standard facility report) if you have one

How many staff members have keys to the exterior doors of the museum?

Do you have additional locks or restricted entry (electronic key cards) on your storage room?

Do you take possession of artworks (Property of Others) acting as a:

Storage Facility

Authenticator

Appraiser

Conservator

Framer

Estate Trustee

Is the institution AAM credited?

Have you ever applied for US indemnity?

Do you accept foreign indemnity?

What company do you hire for security guards / services?

Is staff stationed at all public entrances and exits during open hours?

Describe your condition reporting protocol

Do you loan artworks to board members or other members of the museum community for display in his/her home or office?

**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 institution 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 ( <b>S</b> ingle family [house], <b>M</b> ulti-family [condo / townhouse])				
If Commercial ( <b>O</b> ffice, <b>M</b> useum, <b>W</b> arehouse, <b>G</b> allery, <b>S</b> tudio)				
Outdoor sculpture(s) at this location?				
Year Built				
Construction (Wood <b>F</b> rame, <b>M</b> asonry <b>B</b> rick Exterior, <b>C</b> oncrete, <b>O</b> 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, <b>M</b> otion, <b>S</b> ound, <b>I</b> nfrared, <b>R</b> ecording CCTV, <b>O</b> 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 (Wet pipe, Dry pipe, Pre-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.