



Museum Collections Insurance Application

Applicant Details:

Name: _____

Address: _____

City/State/Zip: _____

Website: _____

Collection:

Total Value: \$ Owned _____ \$ Loaned _____

Please attach a list of the top ten most valuable objects in the collection.

Collection consists primarily of? _____

Does applicant retain clear title to each object? Yes No

If no please provide details: _____

Have any of the objects to be insured sustained previous damage? Yes No

If yes, please provide details: _____

Is a duplicate inventory record maintained off-premises? Yes No

Are any objects displayed outside? Yes No

Please list: _____

How are they secured? _____

All Locations Where Property is/will be Located and Values at Each:

Please fill out a location supplement for each additional location.

Address: _____

City/State/Zip: _____

Type of building: Museum Exhibition space Fine Art storage warehouse Other

Details: _____ Built (year): _____

Construction: _____

Are any objects stored in the basement? Yes No

Values here: \$ _____

Fire Prevention:

Are entire structure(s) monitored by a central station heat or smoke detection system? Yes No

If not, please provide details: _____

Number of portable fire extinguishers? _____ Are premises sprinklered? Yes No

When was electrical/HVAC system installed or updated? _____

Burglary Prevention:

Name of central station burglary company? _____

Does central station alarm have line security? Yes No

Are all doors and windows secured with locks? Yes No

Are premises unoccupied for more than two weeks at a time? Yes No

If yes, please provide details: _____

California Only:

Is building retrofitted in accordance with CA building codes? Yes No Date: _____

What is brush clearance (vertical ft.)? _____

Are objects secured with the following (select all that apply)? Earthquake hooks Museum wax

Florida Only:

Are premises fitted with any of the following (select all that apply)? Storm shutters Humidity control
 Roof clips Storm glass

What is distance from ocean? _____ What is elevation? _____

Insurance:

Has applicant sustained any losses during the past five years? Yes No

If yes, please provide details: _____

Has any insurance ever been canceled? Yes No

If yes, please provide details: _____

Do you currently have insurance? Yes No

Current carrier: _____ Renewal date: _____

How long have you been insured with your current insurer? _____ Years

Producer:

How long have you known applicant? _____ Years

Do you handle any other lines of insurance for the applicant? Yes No

If yes, please provide details: _____

Applicant Warranty:

I understand the information reflected in this application to be true.

Signature: _____ Date: _____

Please attach a copy of your most recent Standard Facilities Report.

Producer's Signature: _____ Date: _____

ALASKA

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

ARIZONA

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS

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.

CALIFORNIA

For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO

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 an insurance company who knowingly provides 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.

DISTRICT OF COLUMBIA

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.

HAWAII

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

IDAHO

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

LOUISIANA

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.

MAINE

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 a denial of insurance benefits.

MINNESOTA

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW MEXICO

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 civil fines and criminal penalties.

NEW YORK

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 such violation.

OHIO

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.

OKLAHOMA

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.

OREGON

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

PENNSYLVANIA

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.

TENNESSEE

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.

VIRGINIA

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.

WASHINGTON

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.