

Fine Art Dealers Insurance Application



Fine Art + Collectibles
Berkley Asset Protection

Applicant Details:

Name: _____

Address: _____

City/State/Zip: _____

Website: _____

Number of years in business: (If less than 3 years, please attach resume) _____

Has applicant been convicted of fraud? Yes No

Has applicant ever declared bankruptcy? Yes No

List membership of professional organizations/affiliations: _____

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

Primary Location Address: _____

City/State/Zip: _____

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Year Built: _____

Construction Type: _____

Which floor(s) do you occupy? _____

If Ground level, do you have Roll-down shutters for doors and windows? Yes No

Total values (at selling price) at this location: \$ _____

Are any objects stored in the basement? Yes No

If so are all objects kept at least 12" off floor? Yes No

Values here: \$ _____

What are your hours of business? _____ (DD) _____ Hours

Art Fairs:

Art Fair	Property Value	Date

Inventory:

Last physical inventory was taken on ___ / ___ / ___ (dd/mm/yy) and totaled \$ _____

Is your inventory maintained on a computer? Yes No

Do you maintain a copy of your inventory off-premises? Yes No

Description/Medium: _____

Paintings _____ %

Prints _____ %

Photographs _____ %

Drawings _____ %

Sculpture _____ %

Rare Books/Manuscripts _____ %

Tapestries/Rugs _____ %

Sports Memorabilia _____ %

Musical Instruments _____ %

Annual sales past 3 years:

20____: \$ _____ 20____: \$ _____ 20____: \$ _____

Average total value of fine arts:

Your own property based on selling price \$ _____

Property of others based on consigned value \$ _____

Shipments:

Estimated annual volumes shipped:

Within USA/Canada \$ _____ Europe \$ _____ Elsewhere \$ _____

Usual method of transporting art – please provide % of values shipped:

Fine Art carriers: _____ % Express carriers: _____ % Mail: _____ % Own vehicle _____ %

What is maximum amount shipped in any one shipment with the following carriers?

Fine Art carriers: \$ _____ Express carriers: \$ _____ Mail: \$ _____ Own vehicle: \$ _____

Fire Prevention:

Is the entire structure protected by:

• Central station fire alarm

Yes

No

• Heat detectors

Yes

No

• Smoke detectors

Yes

No

• Auto sprinkler system

Yes

No

Number of portable fire extinguishers? _____

When was electrical/HVAC system installed or updated? _____

Burglary Prevention:

Is the entire structure protected by:

- | | | |
|--|------------------------------|-----------------------------|
| • Central station burglar alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • 24/7 security guard | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • CCTV | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Locked cases | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Motion sensors | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

** Attach alarm certificate if available*

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

California Only: If built before 1952:

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

What is brush clearance? _____ ft.

Are objects secured with the following (select all that apply)?

- | | | |
|---------------------------|------------------------------|-----------------------------|
| • Earthquake hooks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Museum wax | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Florida Only:

Are premises fitted with any of the following:

- | | | |
|--------------------------|------------------------------|-----------------------------|
| • Storm shutters | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Hurricane Glass | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Roof clips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Attach Elevation Certificate and Wind Mitigation Form*

Insurance History:

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

If yes, please provide detail: _____

Has any insurance ever been canceled? Yes No

Do you currently have insurance? Yes No

Current carrier: _____ Renewal date: _____

Producer:

How many years have you known applicant? _____

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: _____

Producer's Signature: _____ Date: _____

DISCLOSURES:

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.

Products and services are provided by one or more insurance company subsidiaries of W. R. Berkley Corporation. Not all products and services are available in every jurisdiction, and the precise coverage ordered by any insurer is subject to the actual terms and conditions of the policies as issued. Certain coverages may be provided through surplus lines insurance company subsidiaries of W. R. Berkley Corporation through licensed surplus lines brokers. Surplus lines insurers do not generally participate in state guaranty funds and insureds are therefore not protected by such funds.

Berkley Asset Protection Underwriting Managers is pleased to write on behalf of three W. R. Berkley Corporation member companies for domestic risks, utilizing StarNet Insurance Company and Great Divide Insurance Company on an admitted basis.