



HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.
PERMANENT COLLECTIONS AND TEMPORARY LOANS APPLICATION
For Museums, Universities and Cultural Institutions

In order to provide a Proposal of Insurance Coverage, please provide

1. a completed application
2. top ten highest valued objects with insurance values (space is provided in this application)
3. a copy of the General Facility Report
4. approximate total insurance value of the collection

If you have any questions or need assistance, please call 1 866 692 4565

Please answer all questions. If the questions do not apply, enter N/A.

CLIENT INFORMATION:

Name of Institution: _____

Address of Institution: _____

City: _____

State: _____

Mailing Address: _____

City: _____

State: _____ Country: _____

Zip or Postal Code: _____

Telephone Number: _____ (including area code)

Fax Number: _____ (including area code)

Contact Name (first and last name): _____

E-mail address of Contact Name: _____

Web Address: _____

Desired effective date of the policy: _____

Insurance Coverage Desired:

Premises Limit: \$ _____

Other location Limit: \$ _____

Transit Limit: \$ _____

International transportation
& exhibition limit: \$ _____

Deductible amount (applies only to owned objects):



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\$500 \$1,000 \$2,500 \$5,000 Other \$ _____

PERMANENT COLLECTION INFORMATION

Collection consists of (% of total):

Paintings	_____ %	Drawings	_____ %	Prints	_____ %	Sculpture (fragile)	_____ %
Silver/ precious metals	_____ %	Crafts	_____ %	Jewelry	_____ %	Sculpture (non-fragile)	_____ %
Outside Sculpture	_____ %	Antique Furniture	_____ %	Other	_____ %	Porcelain/Glass	_____ %
						Photographs	_____ %

Please list the ten highest value items in your collection including current value and date of last appraisal.

Description	Current Value	Date of Last Appraisal
1 _____	\$ _____	_____
2 _____	\$ _____	_____
3 _____	\$ _____	_____
4 _____	\$ _____	_____
5 _____	\$ _____	_____
6 _____	\$ _____	_____
7 _____	\$ _____	_____
8 _____	\$ _____	_____
9 _____	\$ _____	_____
10 _____	\$ _____	_____

If known, what is the total value of the permanent collection: \$ _____

Is your inventory up to date? Yes No

Last inventory was taken on: _____

LONG TERM AND TEMPORARY LOANS

Estimated value of long term loans at your Premises: \$ _____

Are long term loan agreements updated annually? Yes No

Temporary Loans - PLEASE ATTACH A SCHEDULE OF EXHIBITIONS, INCLUDING INSURANCE VALUES, WHICH



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YOU ARE RESPONSIBLE TO INSURE FOR THE UPCOMING YEAR.

Do you have a **General Facility Report**? Yes No

If "Yes", please attach a copy of the report.

If unavailable, please complete section below:

Is the Location address the same as the Institution address? Yes No

If "No", please provide Location address:

Address: _____

City: _____

State: _____

Country: _____

Zip or Postal Code: _____

If the location of the Exhibition is California or Florida, please complete supplemental page at the end of this application.

Is the location a warehouse or storage facility? Yes No

If "Yes", please complete the answer the following questions:

Name of Warehouse _____

Is the temperature in storage & receiving/unpacking areas controlled? Yes No

Is the temperature maintained as closely as possible at 70 – 72 degrees? Yes No

Is the humidity level in storage & receiving/unpacking areas controlled? Yes No

Is the humidity level kept as closely as possible at 50%? Yes No

Is the general public given access to storage & receiving/unpacking areas? Yes No

Are storage & receiving/unpacking areas secured during closed hours and are periodic security checks made during such hours? Yes No

Are storage areas well lighted by fluorescent fixtures and are goods exposed to sunlight (either through windows or skylight)? Yes No

If yes, are special devices/materials affixed or applied to these light sources to filter out harmful ultraviolet rays? Yes No

Number of guards when open: _____ Number of guards at night: _____



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CONSTRUCTION OF THE BUILDING:

Fire Resistive Masonry Frame

Year built: _____ Date remodeled: _____

Is your institution A.A.M. accredited? Yes No

If "No", please elaborate on staff training for packing and shipping:

Was the building designed for a museum? Yes No

If "No", please indicate original purpose:

PLEASE NOTE: A safety and security inspection may be required by the Insurance Company.

FIRE / SECURITY PROTECTION

Is the facility protected by a central station fire/smoke alarm? Yes No

If "Yes", please describe:

Is the alarm system connected to the local fire department? Yes No

Does the facility have an approved sprinkler system? Yes No

Are there any other approved fire suppression systems in place? Yes No

If "Yes", please describe:

Are your premises protected by a UL approved central station burglar alarm? Yes No

If "Yes", please describe:

Number of guards when open? _____ Number of guards when closed? _____

Please complete Facilities Information, Fire / Security Protection Information for each location.

INSURANCE HISTORY

Do you presently carry Fine Arts/Collections Insurance? Yes No



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If "Yes", please list the Insurance Company (not the Broker) that provides your coverage including the expiration date of current coverage/policy:

Loss Information – Have you had any Fine Arts/Collections losses in the last 5 years? Yes No

If "Yes", please give details of losses:

Please Note: Attach additional documentation if additional space is required.

Have you had any insurance non-renewed, cancelled or denied by any insurance company? Yes No

If "Yes", give the reason and name of insurance company involved:

Person completing the application:

Name (first and last name): _____

Title: _____

Employer: _____

E-Mail address: _____

Telephone Number: _____ (including area code)

Date completed and submitted: _____

I understand that the insurance company, in determining whether to provide insurance coverage, will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.



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Supplemental CALIFORNIA EARTHQUAKE QUESTIONNAIRE

If the location is in the state of **CALIFORNIA**:

Is California Earthquake Coverage desired? Yes No

If "Yes", please complete the following:

Is any part of the construction raised on stilts or supports of any kind? Yes No

Are the foundations sunk into bedrock? Yes No

How are paintings permanently secured to walls?

How are fragile items secured to their display surfaces (i.e. with museum wax)?

Has the facility been retrofitted? Yes No

Does the facility meet current California earthquake codes? Yes No



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Supplemental FLORIDA HURRICANE/WINDSTORM QUESTIONNAIRE

If the location is in the state of **FLORIDA**, please complete the supplemental Hurricane/Windstorm Questions:

How are outdoor sculptures secured? _____

How are indoor sculptures secured? _____

How are paintings hung? (Loops, brackets, on wall, or from soffit?) _____

Who is responsible for hanging and securing works of art? _____

Where is Fine Art stored when not on display? _____

Will you agree to an inspection of the premises and artwork by a representative or designee? Yes No

How far away is the property from water? _____

Are there permanent shutters or high-impact resistant glass on all windows of the location? Yes No

Are there hurricane straps holding the roof to the rafter? Yes No

If the roof is Spanish tile, are clips in place? Yes No

Is there a backup generator for climate control system or fan in private homes located less than one mile from the inter-coastal or ocean? Yes No

Is the backup generator located off the ground? Yes No

Does Insured have storm closet(s) in the location? Yes No

Is Insured ready to move art to safe location in the event of Hurricane watch? Yes No

Where is this location? _____

Is it an art specialty warehouse, such as Fortress in Florida? Yes No

Does Insured have a list with emergency contact numbers? Yes No

Are employees aware of the emergency plan? Yes No

Are air conditioning systems operating at all times to protect against mold growth? Yes No

Comments:

Hurricane Warning Disaster Plan (Please provide narrative detailing plan in event of a hurricane warning – how/where will you protect the artwork?):
