



PERMANENT COLLECTIONS AND TEMPORARY LOANS APPLICATION
For Museums, Universities and Cultural Institutions

To receive a Proposal of Insurance Coverage, please provide the following:

1. Completed application
2. A copy of the General Facility Report

If you have any questions or need assistance, please call Kim Anderson at 855-922-0800.

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY, ENTER N/A.

CLIENT INFORMATION:

Name of Institution: _____

Address of Institution: _____

City: _____ State: _____ Zip or Postal Code: _____

Country: _____

Telephone Number (including Area Code): _____

Fax Number (including Area Code): _____

Contact Name (First & Last Name): _____

E-Mail Address of Contact Name: _____

Website Address: _____

Desired Effective Date of the Policy: _____

Insurance Coverage Desired:

Premises Limit: \$ _____

Other Location Limit: \$ _____

Transit Limit: \$ _____

Exhibition Limit: \$ _____

Earthquake Coverage Requested? Yes _____ No _____

Flood/Hurricane Coverage Requested? Yes _____ No _____

Desired Deductible: \$500 ___ \$1000 ___ \$2500 ___ \$5000 ___ Other \$ _____

PERMANENT COLLECTION INFORMATION

Collection consists of (% of Total; Estimates are fine)

Paintings _____ Drawings _____ Prints _____

Crafts _____ Jewelry _____ Porcelain/Glass _____

Silver/Precious Metals _____ Antique Furniture _____

Photographs _____ Sculpture (Outside) _____

Sculpture (Fragile) _____ Sculpture (Non-Fragile) _____

Other _____

Please list the ten highest value items in your collection:

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

If known, what is the current value of the permanent collection? \$ _____

Is your inventory up to date? Yes _____ No _____

Date of Last Inventory: _____

LONG TERM LOANS

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

Are long term loan agreements updated annually? Yes _____ No _____

TEMPORARY LOANS

Estimated value of temporary loans at your premises: \$ _____

How long do temporary loans generally last? _____

Please attached a schedule of known Exhibitions, including insurance values for which you are responsible to insured for the upcoming year.

FACILITY REPORT

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

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

If "NO", please request a Supplemental Application when you submit this application.

ADDITIONAL LOCATIONS

Do you have additional locations, other than the primary museum location, that need to be covered?

Yes _____ No _____

If "YES," please list the addresses of those locations here:

1. _____
2. _____
3. _____

Attach a separate sheet listing all locations, if there are more than three additional locations to be covered under this policy. If information regarding any of the locations is not on the Facility Report, or if there is no Facility Report available, please fill out a Supplemental Application for each location.

INSURANCE HISTORY

Do you currently have Fine Arts/Collections Insurance? Yes_____ No _____

Name of insurance carrier: _____

Loss Information – Have you had any Fine Arts/Collection losses in the past 5 years?

Yes_____ No _____

If “YES”, please give details of the losses: _____

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

Have you had any insurance non-renewed, cancelled or declined by any Insurance company?

Yes_____ No _____

If “YES”, give the reason and name of insurance company:

PERSON COMPLETING THE APPLICATION

Name (First and Last Name): _____

Title: _____

Employer: _____

Email Address: _____

Telephone Number (including Area Code): _____

Date completed and submitted: _____

I understand 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.

Please email submission to submissions@faceins.com or fax to 866-400-4793