



FACE Insurance Services

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License #0H16055

COLLECTORS INSURANCE COVERAGE

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Fax #: _____

Email _____

Applicant's Profession: _____

Has applicant ever been convicted of fraud? _____ Has applicant ever declared Bankruptcy? _____

If yes, please explain: _____

Names/relationships of other applicants residing with Insured? _____

Does applicant have any pets where art is located? If so, describe: _____

Number of Objects in the Collection: _____ Number of years Applicant has been collecting: _____

Total Current Value of Collection: \$ _____

Fine Arts: _____

Jewelry: _____

Silver: _____

Furs: _____

Other: _____

Approximate Fragiles at Risk: \$ _____

Nature (Type) of Fine Arts Schedule: _____

Is there a schedule of artwork attached? _____ If not, why? _____

Is a duplicate inventory record maintained off premises? _____ Does Applicant retain clear title of each object? _____

Have any objects to be insured sustained previous damage? Please explain: _____

Are any objects displayed outside, please identify on schedule. How are they secured?

Who is responsible for framing/hanging art on the wall? _____

	<u>% of \$ Collection Value</u>	<u>% of Objects</u>
Paintings, etchings, drawings, etc.	_____	_____
Sculpture, non-fragile (bronze, metal, wood)	_____	_____
Sculpture, fragile (glass, etc.)	_____	_____
Ceramics	_____	_____
Glass	_____	_____
Rare Books	_____	_____
Antiques, artist designed furniture	_____	_____

RESIDENCE INFORMATION: Percentage of collection at this location: _____

Location #1 Address: _____

Type of Construction: _____ Year Built: _____

Retrofitted? _____ Extent: _____ Foundation on Stilts? _____ # Stories _____

Designated Brush Area? _____ Brush Clearance: _____

Roof Type? _____ Date Last Inspected: _____

Burglary/Fire Protection: Is the premises protected by a Central Station Burglar/Fire alarm? _____

Extent of protection: _____ Name of Alarm Company: _____

Location #2 Address: _____

Percentage of collection at this location: _____

Type of Construction: _____ Year Built: _____

Retrofitted? _____ Extent: _____ Foundation on Stilts? _____ # Stories _____

Designated Brush Area? _____ Brush Clearance: _____

Roof Type? _____ Date Last Inspected: _____

Burglary/Fire Protection: Is the premises protected by a Central Station Burglar/Fire alarm? _____

Extent of protection: _____ Name of alarm company: _____

Do any of the above Premises have present full-time domestic staff or a live-in housekeeper? _____

For Jewelry Collections Only:

Is there a safe for jewelry? _____ Does the insured keep jewelry in a bank vault? _____

If kept in vault, please provide name and address of bank: _____

Losses over last five years (amount, year & description of loss): _____

Homeowners Carrier: _____

Effective Date Requested for this Policy: _____

Total Insured Value Limit Requested: _____

Applicant's Signature

Date