

## FINE ART – PACKERS & SHIPPERS APPLICATION

APPLICANT INFORMATION			
Name of Applicant:			
Address:			
City:	State:	ZIP:	
Years in business:	Number of employees:		
Website Address:			
List all Additional Interests:			
Name of Producer:			
Address:			
City:	State:	ZIP:	

POLICY TERM	
From:	To:

GENERAL INFORMATION	
Limit Requested:	
Estimated Total Gross Revenues from Operations: \$	
<b>Breakdown of Sales for:</b>	
Packing:	\$
Freight Forwarding:	\$
Personally Conveyed:	\$
Other: _____	\$
Please describe any other operations:	
<b>For Personally Conveyed:</b>	
Average Distance:	
Maximum Distance:	
Average Value:	\$
Maximum Value:	\$

**VEHICLES & DRIVERS**

Please provide separate schedule of vehicles utilized.

Describe procedures for securing artwork while vehicle is unattended:

Please provide driver details below. Attach additional sheets as necessary.

<i>Name</i>	<i>DOB</i>	<i>License#</i>	<i>Length of Employment</i>

**EMPLOYEE DETAIL**

Do you utilize leased employees?  Yes  No      How often?

Number of Part Time Employees:

Do you conduct background checks?       Yes  No

Are new hire physicals conducted?       Yes  No

Are drug tests administered?       Yes  No

How do you advertise for new employees?

**WAREHOUSE**

Please describe security:

Extra security measures (sprinklers, firewalls, etc):

How often is inventory audited?

Who has access to storage areas?

Are individuals with access given separate alarm codes?       Yes  No

Are all items stored at least 6-12 inches off the floor?       Yes  No

How do owners access their artwork?

FREIGHT FORWARDING	
How often is this service provided?	
Who generally does the shipping?	
Domestic Volume:	International Volume:
Who packs the art?	
Describe packing procedures:	

INSTALLATION	
Please describe most common operations:	
Do you ever hire cranes? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Do you ever utilize scaffolding? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe:
Average total value of tools off premises on an installation job:	\$
Maximum total value of tools off premises on an installation job:	\$
Do you hire subcontractors for carpentry, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you require all subcontractors to provide certificates of insurance evidencing minimum \$1,000,000 limits and naming you as Additional Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PROR CARRIER INFORMATION			
Year	Carrier	Premium	Losses
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Has your coverage been cancelled or non-renewed in the past three years?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please explain why:			

REQUIRED ATTACHMENTS
<input type="checkbox"/> Brochure Outlining Services
<input type="checkbox"/> Copies of Contracts utilized
<input type="checkbox"/> Copy of Alarm Certificate



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## DECLARATIONS

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The undersigned declares that the statements set forth herein are true and that the undersigned has not suppressed or misstated any material facts. The undersigned agrees that this application, together with any other information supplied, shall form the basis of any contract effected thereon. The undersigned must inform the Insurers of any material changes to the information supplied by this application occurring before the completion of the contract of insurance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** 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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** 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.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** 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.



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**NOTICE TO OKLAHOMA APPLICANTS:** 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.

**NOTICE TO RHODE ISLAND APPLICANTS:** 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.

**NOTICE TO SOUTH CAROLINA APPLICANTS:** The Insurer can cancel this Policy for which you are applying without cause during the first 120 days. That is the Insurers choice. After the first 120 days, the Insurer can only cancel this Policy for reasons stated in the Policy.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND 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.

**NEW YORK FRAUD WARNING:** 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.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CO-APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.