

HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.

Commercial Fine Arts Application

5555 San Felipe Street, Suite 1500 • Houston, TX 77056 • Telephone: (832)476-6944 • Fax: (847)953-4060 • Email: Adrienne.Reid@aon.com

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

Name: _____
Mailing address: _____
Contact Name: _____
Telephone Number _____ Fax Number _____
E-mail Address _____ World Wide Web Address _____
Applicant is Individual Partnership Corporation Other _____
Desired effective date of coverage _____
Referred by _____

Description of Business

Describe business of Insured gallery private dealer consultant framer bailee artist other
Name of Director _____
Professional background of all principals _____
List art associations where you hold memberships _____

How long have you been in business _____ (If less than 3 years, then list previous experience on separate page)

Fine Art Inventory

Type of Fine Art (Old Masters, Contemporary, Antiques, Pre-Columbian, etc) _____

Describe type of inventory: (medium/percentage of total stock)

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

Average total value of fine arts
your own property, based on selling price \$ _____
property of others, based on the consigned value \$ _____
if art reference library is to be included, based on replacement cost \$ _____

Last inventory was taken on _____ and was \$ _____
with value based on purchase price selling price other: _____
Do you retain clear title to each object in your inventory? yes no If no, please explain _____

Annual sales past 3 years _____, _____, _____

Location Information

Location address: _____
Street City State Zip Code

Construction of building: Fire Resistive Masonry Frame
Year built: _____ Square footage you occupy: _____ Number of floors in building: _____
Floor(s) number you occupy: _____ If basement occupancy, are items kept at least 12 inches off floor? Yes No
Is this your residence? Yes No Type of occupants in building: _____

Average total value of fine arts to be kept at this location: \$ _____

Fire Protection

Do you have a local fire/smoke alarm? Yes No A central station fire/smoke alarm? Yes No

Name and address of alarm company: _____

Is your central station fire alarm listed and installed per UL specifications: _____

Certificate #: _____ Expiration Date: _____

Number of fire extinguishers in your space: _____ Are they serviced annually? Yes No

Is the building sprinklered?: Yes No Is your space sprinkled? Yes No Dry Pipe Wet Pipe

Number of smoke detectors: _____ Battery operated Hard wired

Approximate distance to: Police station: _____ Fire Department: _____ Fire hydrant: _____

Security

Do you have a local burglar alarm? Yes No A central station burglar alarm? Yes No

Name and address of alarm company: _____

Is your central station fire alarm listed and installed per UL specifications? Yes No

Certificate #: _____ Expiration Date: _____

Are there dead bolt locks on all exterior doors? Yes No Are small items displayed in locked cases? Yes No

Any Additional Fire and/or Security Protection Details (doorman, fire walls, etc.): _____

Transit/Shipments

Usual Method of Transporting Art					
Mode	Name of Carrier/Shipper	Frequency of Use	Estimated Total Value	Operating Radius	Alarmed, Climate Controlled?
Fine Art Carrier					
Express Carrier (ex., FedEx, UPS)					
Regular Mail					
Own Vehicle					
Public Carrier/ Other					

Total Annual Values Shipped: Within U.S. _____ Outside U.S. _____

Insurance History

Present insurance company and agent _____

Reason for changing _____

Loss Information: List all insured and uninsured losses during the past 5 years (Date, Amount, and Cause) _____

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

If so, please give the reason and name of insurance company involved _____

Please list any additional information that would have a bearing on this insurance (use additional pages as necessary)

Signed _____ Date _____

Title _____