

Attn: Ever Song

**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.**

1120 20<sup>th</sup> Street, NW • Washington, DC 20036 • Telephone: (202)429-8506 • Fax: (312)381-0698 • Toll Free: 800-424-8830

**FINE ART CONSERVATORS APPLICATION**

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

Name/Business 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 \_\_\_\_\_ Desired Limit of Liability on Premises: \$ \_\_\_\_\_  
 Minimum Deductible \$500.

Referred by \_\_\_\_\_

**Description of Business**

Name of Owner/Principal \_\_\_\_\_  
 Professional background of all principals \_\_\_\_\_  
 \_\_\_\_\_  
 Types of materials treated \_\_\_\_\_  
 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)  
 Are there any other owned related businesses located at this or other location(s) to be insured?  
 (Framer, gallery/dealer, other) No \_\_\_\_\_ Yes (Describe) \_\_\_\_\_  
 \_\_\_\_\_

**Location Information (Please attach a photograph of the exterior of the location)**

Primary location address \_\_\_\_\_  
 (if multiple locations used for your business, complete additional location application attached)  
 Construction of building  fire resistive  non-combustible  masonry  frame  
 Year built \_\_\_\_\_ Square footage you occupy \_\_\_\_\_ Number of floors in building \_\_\_\_\_  
 Number of Floor(s) in the building \_\_\_\_\_ floor 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 \_\_\_\_\_  
 \_\_\_\_\_

**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? \_\_\_\_\_ Is your space sprinklered? \_\_\_\_\_  
 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 burglar alarm listed and installed per UL specifications? \_\_\_\_\_

Certificate # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Extent of protection \_\_\_\_\_

Are there dead bolt locks on all exterior doors?  yes  no      Are small objects protected (locked cases or cabinets)  
 yes  no

**Shipping**

Who is responsible for packing and shipping? \_\_\_\_\_

Maximum value in any one shipment \_\_\_\_\_

List shippers/transporters used (including Federal Express, UPS, US Mail) \_\_\_\_\_

Do you obtain a signed agreement for objects you agree to insure, stating agreed value of each object? \_\_\_\_\_

How many jobs are at your studio at any one time? \_\_\_\_\_

Do you document the treatment process for each job? \_\_\_\_\_

Do you receive owner's written approval before proceeding on treatment? \_\_\_\_\_

Do you obtain signed releases from clients who insure their own works to be conserved? \_\_\_\_\_

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 \_\_\_\_\_