



**HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.  
CORPORATE COLLECTION FINE ARTS APPLICATION**

In order to provide a Proposal of Insurance Coverage for the corporate collection, please provide

1. a completed application
2. an inventory list of objects to be covered with insurance values

If you have any questions or need assistance, please call 1 866 692 4565

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

**CLIENT INFORMATION:**

Corporation Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Country: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (including area code)

Fax Number: \_\_\_\_\_ (including area code)

Contact Name (first and last name): \_\_\_\_\_

Title of Contact Person \_\_\_\_\_

E-mail address of Contact Person: \_\_\_\_\_

Web Address: \_\_\_\_\_

Desired effective date of the policy: \_\_\_\_\_

Referred By: \_\_\_\_\_

Total Value of Collection: \$ \_\_\_\_\_

Approximate number of items in the collection: \_\_\_\_\_

Please list the five highest valued items in the collection:

Title	Artist	Medium	Value
1 _____	_____	_____	\$ _____
2 _____	_____	_____	\$ _____
3 _____	_____	_____	\$ _____
4 _____	_____	_____	\$ _____



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5 \_\_\_\_\_ \$ \_\_\_\_\_

Are any items in the collection of a fragile nature (glass, ceramic, pottery, etc)? [ ] Yes [ ] No

Approximate total value of fragile items: \$ \_\_\_\_\_

Approximate number of fragile items: \_\_\_\_\_

Is any of the art work displayed outside? [ ] Yes [ ] No

Are appraisals available less than 3 years old? [ ] Yes [ ] No

Do you retain clear title to each object in your owned inventory? [ ] Yes [ ] No

If "No", please explain: \_\_\_\_\_

FACILITIES INFORMATION

Location of Collection

Address Line 1: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

If the location is California or Florida, please complete supplemental page at the end of this application.

Is location a? [ ] Private Dwelling [ ] Office Building [ ] Apartment Building
[ ] Warehouse or Storage Facility [ ] Other \_\_\_\_\_

If "Warehouse or Storage Facility", please complete the following questions:

Name of Warehouse \_\_\_\_\_

Is the temperature in storage & receiving/unpacking areas controlled? [ ] Yes [ ] No

Is the temperature maintained as closely as possible at 70 - 72 degrees? [ ] Yes [ ] No

Is the humidity level in storage & receiving/unpacking areas controlled? [ ] Yes [ ] No

Is the humidity level kept as closely as possible at 50%? [ ] Yes [ ] No

Is the general public given access to storage & receiving/unpacking areas? [ ] Yes [ ] No

Are storage & receiving/unpacking areas secured during closed hours and are periodic security checks made during such hours? [ ] Yes [ ] No



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Are storage areas well lighted by fluorescent fixtures and are goods exposed to sunlight (either through windows or skylight)? [ ] Yes [ ] No

If yes, are special devices/materials affixed or applied to these light sources to filter out harmful ultraviolet rays? [ ] Yes [ ] No

Number of guards when open: \_\_\_\_\_ Number of guards at night: \_\_\_\_\_

CONSTRUCTION OF THE BUILDING:

[ ] Fire Resistive [ ] Masonry [ ] Frame [ ] Other \_\_\_\_\_

Year built: \_\_\_\_\_ Square Footage you occupy: \_\_\_\_\_

Number of floors in the building: \_\_\_\_\_ Floor Number(s) you occupy: \_\_\_\_\_

Is location left unattended for periods longer than two (2) weeks? [ ] Yes [ ] No

FIRE PROTECTION

Does this facility or location have a local fire/smoke alarm? [ ] Yes [ ] No

Does this facility or location have a central station fire/smoke alarm? [ ] Yes [ ] No

If "Yes", please provide:

Name of Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

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

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

Number of fire extinguishers in your space? \_\_\_\_\_

Number of Smoke Detectors: \_\_\_\_\_ [ ] Battery operated [ ] Hard Wired

Approximate distance to: Police Station \_\_\_\_\_ Fire Department \_\_\_\_\_ Fire Hydrant \_\_\_\_\_

SECURITY PROTECTION

Does this facility or location have a local burglar alarm? [ ] Yes [ ] No

Does this facility or location have a central station burglar alarm? [ ] Yes [ ] No



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If "Yes", please provide:

Name of Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Zip or Postal Code: \_\_\_\_\_

Are there dead bolt locks on all exterior doors? [ ] Yes [ ] No

Are there locks on all the window? [ ] Yes [ ] No

Do you have another location? [ ] Yes [ ] No

If "Yes", please complete Facilities Information, Fire Protection & Security Information for each location.

INSURANCE HISTORY

Do you presently carry Fine Arts/Collections Insurance? [ ] Yes [ ] No

If "Yes", please list the Insurance Company that provides your coverage including the expiration date of current coverage/policy:

\_\_\_\_\_

Loss Information - Have you had any Fine Arts/Collections losses in the last 5 years? [ ] Yes [ ] No

If "Yes", please give details of losses:

\_\_\_\_\_

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

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

If "Yes", give the reason and name of insurance company involved:

\_\_\_\_\_

Person completing the application:

Name (first and last name): \_\_\_\_\_

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

Employer: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ (including area code)



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Date completed and submitted: \_\_\_\_\_

- I understand that 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.

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**Supplemental CALIFORNIA EARTHQUAKE QUESTIONNAIRE**

If the location is in the state of **CALIFORNIA**:

Is California Earthquake Coverage desired?  Yes  No

If "Yes", please complete the following:

Is any part of the construction raised on stilts or supports of any kind?  Yes  No

Are the foundations sunk into bedrock?  Yes  No

How are paintings permanently secured to walls?

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How are fragile items secured to their display surfaces (i.e. with museum wax)?

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Has the facility been retrofitted?  Yes  No

Does the facility meet current California earthquake codes?  Yes  No



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Supplemental FLORIDA HURRICANE/WINDSTORM QUESTIONNAIRE

If the location is in the state of FLORIDA, please complete the supplemental Hurricane/Windstorm Questions:

How are outdoor sculptures secured? \_\_\_\_\_

How are indoor sculptures secured? \_\_\_\_\_

How are paintings hung? (Loops, brackets, on wall, or from soffit?) \_\_\_\_\_

Who is responsible for hanging and securing works of art? \_\_\_\_\_

Where is Fine Art stored when not on display? \_\_\_\_\_

Will you agree to an inspection of the premises and artwork by a representative or designee? [ ] Yes [ ] No

How far away is the property from water? \_\_\_\_\_

Are there permanent shutters or high-impact resistant glass on all windows of the location? [ ] Yes [ ] No

Are hurricane shutters closed for extended periods of non-occupancy? [ ] Yes [ ] No

Are there hurricane straps holding the roof to the rafters? [ ] Yes [ ] No

If the roof is Spanish tile, are clips in place? [ ] Yes [ ] No

Is there a backup generator for climate control system? [ ] Yes [ ] No

Is the backup generator located off the ground? [ ] Yes [ ] No

Does Insured have storm closet(s) in the location? [ ] Yes [ ] No

Is Insured ready to move art to safe location in the event of Hurricane watch? [ ] Yes [ ] No

Where is this location? \_\_\_\_\_

Is it an art specialty warehouse, such as Fortress in Florida? [ ] Yes [ ] No

Does Insured have a list with emergency contact numbers? [ ] Yes [ ] No

Are air conditioning systems operating at all times to protect against mold growth? [ ] Yes [ ] No

Comments: \_\_\_\_\_

Hurricane Warning Disaster Plan (Please provide narrative detailing plan in event of a hurricane warning – how/where will you protect the artwork?):

\_\_\_\_\_