

HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.
EXHIBITIONS APPLICATION



In order to provide a Proposal of Insurance Coverage for this exhibition, please provide

1. a completed application
2. an inventory list of objects to be covered with insurance values
3. a copy of the General Facility Report for each participating venue
4. name of shipper / packer.

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:

Name of Exhibition: _____
Name of Organizing Group: _____
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): _____
E-mail address of Contact Name: _____
Web Address: _____
Desired effective date: _____ to _____ (enter MM/DD/YYYY)

LOCATION OF EXHIBITION:

Location Address: _____
City: _____
State: _____
Country: _____
Zip or Postal Code: _____

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

Will the Exhibition travel? Yes No

If "Yes", please complete the following:

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Name of Venue	Value at Venue	Begin Date	End Date

Attach additional documentation if additional space is required.

Do you have a General Facility Report for each venue? Yes No

If "Yes", please attach a copy of the report.

If "No", please explain when the report(s) will be available: _____

Name of Packer: _____

Name of Shipper: _____

Shipments via: Air Surface Courier

PLEASE NOTE: All works must be professionally packed and shipped.

EXHIBITION INFORMATION

Exhibition consists of:

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

Are works of art for sale? Yes No

If "Yes" please note: Insurance value will be selling price less commission.

What is the exhibition's total value? \$ _____

What is the exhibition's highest valued item? _____

Please note: Loan agreements should be obtained for each individual item.

A typed list should be attached with Title, Artist, Medium and value of each piece to be insured.

CONSTRUCTION OF THE BUILDING:

Do you have a **General Facility Report** for this location? Yes No



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If "Yes", please attach a copy of the report.

(This section can be skipped if a General Facility Report is attached for the Exhibition location)

Fire Resistive Brick Frame Other

Year built: Date remodeled:

Identify the location within the building where the exhibition will be housed: (e.g., gallery space, lobby, rented room, etc.)

Will food or drink be served in the immediate area? Yes No

Was the building designed for a museum? Yes No

If "No", please indicate original purpose:

PLEASE NOTE: A safety and security inspection may be required by the Insurance Company.

FIRE / SECURITY PROTECTION

(This section can be skipped if a General Facility Report is attached for the Exhibition location)

Is the facility protected by a central station fire/smoke alarm? Yes No

How far is the facility from the local fire department?

Does the facility have an approved sprinkler system? Yes No

Are there any other approved fire suppression systems in place? Yes No

If "Yes", please describe:

Is the building equipped with a central station alarm system? Yes No

If "Yes", please describe the system(s) in place:

How many guards are assigned to the exhibition area?

Please note: Underwriters require at least one (1) guard in attendance at all times when open to the public.

Do you have another location? Yes No

If "Yes", please complete Location of Exhibition Information, Construction of Building Information and Fire / Security Protection Information for each location or provide a General Facility Report for each venue.

Person completing the application:

Name (first and last name):

Title:

Employer:

E-Mail address:

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Confirm e-mail address: _____

Telephone Number: _____ (including area code)

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?

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

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
Complete for Exhibition/Coverage Dates June 1 through November 30 only

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 there hurricane straps holding the roof to the rafter? 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

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

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?):
