



HUNTINGTON T. BLOCK INSURANCE AGENCY, INC.
PERSONAL COLLECTORS FINE ARTS APPLICATION

In order to provide a Proposal of Insurance Coverage for your personal 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:

Name: _____

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 Person: _____

Occupation: _____

Employer: _____

Desired effective date of the policy: _____

Referred By: _____

Total Value of Collection: \$ _____

Approximate number of items in the collection: _____

Please list the five highest value items in the collection:

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



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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: _____

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 answers to 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

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: _____



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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?
Number of domestic help, if any Live in Full Time Part time
How long has the domestic help been employed by you?

FIRE PROTECTION

Does this facility or location have a local fire/smoke alarm?
Does this facility or location have a central station fire/smoke alarm?
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?
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



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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

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 windows? [] Yes [] No

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): _____

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

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?
(such as seasonal residences or long vacations) 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 or fan in private homes
located less than one mile from the inter-coastal or ocean? 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

Is the household help/employees aware of the emergency plan? Yes No

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

In the event of a power outage, have arrangements been made that someone
will check that the air conditioner has been put back in operation? 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?):