

## **Commerical Artist Application**

| Artist's Name:                    |   |  |
|-----------------------------------|---|--|
|                                   |   |  |
| Studio Address:                   |   |  |
| Type of construction:             | Year built:                                 |  |
| # of Stories:                     | Roof type:                                  |  |
| Last inspection date:             |   |  |
| Premises Protections:             |   |  |
| Burglar alarm                     | YesNo                                       |  |
| Central Station Alarm             | Yes No                                      |  |
| Line Security                     | YesNo                                       |  |
| UL Approved System                | YesNo                                       |  |
| Controlled Entry                  | YesNo                                       |  |
| Exit System                       | YesNo                                       |  |
| Fire Alarm                        | YesNo                                       |  |
| Heat/Smoke Detectors Sprinklers   | YesNo<br>YesNo                              |  |
| On Site Guards                    | YesNo                                       |  |
| Earthquake Prone Area: Y          | esNo If yes, is property retrofitted:       |  |
| Flood Prone Area: Y               | esNo If yes, what is the flood zone:        |  |
| Hurricane Prone Area:Y            | esNo If yes, how many miles from the coast: |  |
| Brush Area:Ye                     | esNo If yes, what is the brush clearance:   |  |
| Loss History (Last 5 years):      |   |  |
| Inventory Details - Percentage of | Inventory:                                  |  |
| Paintings%                        | Drawings/Prints%                            |  |
| Jewelry%                          | Please Detail:%                             |  |
| Furniture%                        | Sculpture (non-fragile)%                    |  |
| Sculpture (fragile)%              | Other%                                      |  |



| Maximum Value of art work:   | Maximum Value of single item:    |  |
|--|----------------------------------|--|
| Limit request at location:   | Transit/ Unnamed location limit: |  |
| Average Value of art work:   | How is art work valued:          |  |
| How are works sold:  |                                  |  |
| Number of years in business:   |                                  |  |
| Type of art work – medium used:  |                                  |  |
| How are shipments made:  |                                  |  |
| Who does the packing:  |                                  |  |
| Annual values shipped, only if transit is needed:  |                                  |  |
| Name of Galleries that show your work:   |                                  |  |
| Is coinsurance needed:YesNo  |                                  |  |
| Desired deductible:\$1,000\$2,000  | \$5,000other                     |  |
| Will you need unattended vehicle and breakage coverage:YesNo Detail car security: Auto Insurance provider: |                                  |  |
| Auto insurance provider:   |                                  |  |
| Signature:   |                                  |  |
| Date:  |                                  |  |

<sup>\*\*</sup>Please attach a copy of your resume
\*\*Please attach a copy of your sales records for the last 3 years