



Exhibition Application

Named Insured _____
Address _____

Venue of the Exhibition _____

Please detail security for venue: _____

Sums Insured

- a) \$ _____ In any one conveyance while in Transit worldwide
- b) \$ _____ While on Exhibition
- c) \$ _____ In any one loss or disaster

Desired deductible: ___\$1,000___ \$2,000___ \$5,000___ other

Do you ever purchase additional insurance with a transit carrier to cover your deductible?
Yes ___ No ___

Inventory Details - Percentage of Inventory:

Paintings	_____ %	Drawings/Prints	_____ %
Jewelry	_____ %	Please Detail:	_____ %
Furniture	_____ %	Sculpture (non-fragile)	_____ %
Sculpture (fragile)	_____ %	Other	_____ %

Percentage of Exhibition fragile i.e. porcelain, glass, terra cotta..... _____ %

Percentage of consigned items on loan/exhibition: _____ %

Exhibition Inventory Computerized _____ Yes _____ No

Copy kept off premises? _____ Yes _____ No

Are standard exhibition/loan agreements used?: _____ Yes _____ No
If yes, please attach a copy.

Number of Years in Business: _____
Business History: _____

Premises-provide the following information for the venue location:

Premises Construction: _____
Year Built: _____



Square Feet of the Space: _____
 Number of Stories _____
 Residential or Commercial Area _____

Premises Protections:

Burglar alarm	_____ Yes	_____ No
Central Station	_____ Yes	_____ No
Line Security	_____ Yes	_____ No
UL Approved System	_____ Yes	_____ No
Controlled Entry	_____ Yes	_____ No
Exit System	_____ Yes	_____ No
Fire Alarm	_____ Yes	_____ No
Heat/Smoke Detectors	_____ Yes	_____ No
Sprinklers	_____ Yes	_____ No
On Site Guards	_____ Yes	_____ No

Who assumes responsibility by contract for transits? _____

Please detail typical/general methods of shipments and utilized carriers: _____

Earthquake required: _____

If yes, describe any Earthquake retrofitting/security measures used to prevent damage from Earthquake: _____

Brush exposure: _____

Wind exposure:
 Are you at least 5 miles inland? _____ Yes _____ No

Loss History: _____

Signature: _____

Date: _____ **Please attach a copy of the facility report for the venue
 **Please attach a copy of the schedule