

A completed and signed copy of the ACORD 125 Application must be attached.

Answer each question on behalf of all entities seeking insurance coverage, unless specifically requested otherwise. An Additional Information section is provided at the end of this document for any information that exceeds the space provided.

GENERAL INFORMATION

Proposed First Named Insured And Other Named Insureds:

Proposed Effective Date (mm/dd/yyyy):

Proposed Expiration Date (mm/dd/yyyy):

REQUIRED ATTACHMENTS

Include the following with the submission if applicable:

- Copy of Consignment or Loan Agreements
- Loss Runs from current insurance carrier

LIMITS OF INSURANCE

<i>Location: #</i>	<i>Address:</i>	<i>Limit of Insurance:</i>
1.		\$
2.		\$
3.		\$
Exhibition(s):		\$
Property in transit and/or temporary locations:		\$
Earth Movement:		\$
Flood:		\$
Deductible Amount:		\$

Use the additional information section to list any additional locations, including off-site storage facilities.

SHIPMENTS

1. Estimated Annual Volumes Shipped: Domestic: \$ _____ International: \$ _____

2. Usual method of transportation (*Check all that apply*):

<i>Type:</i>	<i>Maximum Value Per Shipment:</i>
<input type="checkbox"/> Fine Art Packer/Shipper	
<input type="checkbox"/> Owned Vehicle	
<input type="checkbox"/> Fed Ex	\$
<input type="checkbox"/> USPS	\$
<input type="checkbox"/> UPS	\$
<input type="checkbox"/> Other:	\$

3. Provide names of preferred packers/shippers and any warehouses used for temporary storage:

4. How often annually is Property on exhibit off site? _____

5. Who is responsible for packing/unpacking of Inventory? _____
6. Is there a full time registrar or staff member responsible for inventory management? Yes No
7. Are condition reports completed for outgoing and incoming shipments?..... Yes No
8. Which Art Fairs/Exhibitions do you attend? _____
- _____
- _____

PREMISES AND SECURITY

9. Premises:

	Location #1:	Location #2:	Location #3:
Number of Stories:			
Number of Rooms:			
Construction Type (refer to construction type section as needed):			
Year Built:			
Coastal Area:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

10. Security:

Is location equipped with the following?			
Central Station Burglar/Fire Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Company			
• Certificate Number			
• Expiration			
Deadbolts:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
100% Sprinklered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Detection Device:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Smoke Detectors:			
Number of Extinguishers:			
Basement Storage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Off-Site Storage:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to Basement or Off-Site Storage:</i>			
• Temperature Controlled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Humidity Controlled	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Public Entrances:			
Percentage of Property in Safes:	%	%	%
• Number of Safes			
• UL Labeling			
• Description of Contents			
Percentage of Property in Vaults:	%	%	%
• Number of Vaults			
• UL Labeling			
• Description of Contents			
Is facility available for public rental (<i>parties, etc.</i>):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is property displayed or stored outside?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Disaster Recovery Plan for this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a Theft Recovery Plan for this location?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

INVENTORY

11. Type of Fine Art (*Old Masters, Contemporary, Antiques, Pre-Columbian, etc.*):

12. Give approximate split of your inventory by value:

Antique American Furniture _____ %	Antiquities _____ %	Artifacts _____ %
Paintings _____ %	Drawings, Etchings _____ %	Books, Manuscripts _____ %
Photographs _____ %	Prints _____ %	Editions _____ %
Coins/Stamps _____ %	Jewelry _____ %	Furniture _____ %
Crafts _____ %	Memorabilia _____ %	Textiles _____ %
Porcelain or Glass _____ %	Sculpture- <i>fragile</i> _____ %	Sculpture- <i>bronze, Metal, etc.</i> _____ %

13. Is inventory taken annually? Yes No Date of last inventory: _____ Estimated Value: \$ _____

14. Annual sales past 3 years:

Year: _____ Sales: \$ _____ Year: _____ Sales: \$ _____ Year: _____ Sales: \$ _____

15. Are consignment or loan agreements completed and signed for all property of others in your custody? Yes No

LOSS HISTORY

16. List all prior losses in the past 3 years including incurred but not reported losses and claims that were declined. Where possible, provide details on circumstances of loss and property involved:

CONSTRUCTION TYPES

- FR - Fire Resistive** All walls, floors and roofs are constructed of non-combustible materials with at least two-hour fire resistance. Equivalent to NFPA Type I, ISO Class 6.
- MFR - Modified Fire Resistive** All walls, floors and roofs are constructed of non-combustible materials with at least one-hour fire resistance. Equivalent to NFPA Type II, ISO Class 5.
- MNC - Masonry Non Combustible** All walls, floors and roofs are constructed of masonry materials with less than one-hour fire resistance. Equivalent to NFPA Type III, ISO Class 4.
- NC - Non Combustible** All walls, floors and roofs are constructed of heavy metal sandwich panels with less than one-hour fire resistance. Equivalent to NFPA Type III or IV, ISO Class 3. (Light all metal non-combustible not eligible)
- JM - Joisted Masonry** All walls are of masonry construction, floors and roofs of combustible construction. Equivalent to NFPA Type III, ISO Class 2.
- FRAME - Wood Frame** All walls, floors and roofs of combustible construction. Included are all light metal construction. Equivalent to NFPA Type V, ISO Class 1.

FRAUD STATEMENTS – ATTENTION APPLICANTS IN THE FOLLOWING JURISDICTIONS

ALABAMA, ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA, AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

SIGNATURES

Producer information only required in Florida, Iowa, and New Hampshire.

Authorized Representative Signature*: X	Authorized Representative Name - Printed	Date (mm/dd/yyyy):
Producer Signature*: X	State Producer License No (required in FL):	Date (mm/dd/yyyy):
Agency:	Agency Contact:	Agency Phone Number:

* If you are electronically submitting this document, apply your electronic signature to this form by checking the Electronic Signature and Acceptance box below. By doing so, you agree that your use of a key pad, mouse, or other device to check the Electronic Signature and Acceptance box constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand.

- Electronic Signature and Acceptance – Authorized Representative
- Electronic Signature and Acceptance – Producer

ADDITIONAL INFORMATION

This area may be used to provide additional information to any question. Please reference the question number.