

APPLICANT INFORMATION

Name of Applicant _____
 Existing Great American Policy number or prior Insurer _____

LIMITS OF INSURANCE (for fine arts)

Location #	Address	Limit of Insurance
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

(90% Coinsurance applies)

Attach schedule of additional locations, if necessary.

Property at any unscheduled location \$ _____

Property in Transit \$ _____

All Property in any one loss occurrence \$ _____

Deductible Amount \$ _____

OPTIONAL COVERAGE

Earthquake & Volcanic Eruption Coverage
 Flood Coverage: Limited Form Include Surface Water Broad Form

INFORMATION ABOUT THE OPERATION

Are there other operations besides a museum (e.g. gift shop, restaurant, etc.)? Yes No
 If yes, describe and give location number(s) applicable _____

Annual Gross Sales from other operations- past 12 months \$ _____ expected next 12 months \$ _____

Number of Fine Arts - Average (based upon value) for past 12 months was approximately:

Paintings, drawings, etchings, pictures _____ %	Antique furniture _____ %
Statuary, marbles, bronzes _____ %	Antique silver & gold* _____ %
Porcelains, art glass, bric-a-brac _____ %	Jewelry* _____ %
Rare books, manuscripts, documents _____ %	Precious/semi-precious stones* _____ %
Oriental rugs* & tapestries _____ %	Other _____ %

* Location(s) # _____ have precious metals or alloys, jewelry, precious/semi-precious stones; (Separate coverage form or endorsement may be required, if coverage is desired.)

In the past 12 months, what was:

The date of the last complete inventory & amount Date _____ Amount \$ _____

The average value of all property of others in your care or custody \$ _____

The average value of all you property in the custody of others \$ _____

The number of exhibits (not on your premises) at which you had fine arts
 Per exhibition: Average Value \$ _____ Average duration _____ days

Is there always a contract that holds exhibitor responsible for loss? Yes No

Property in Transit - Is Full Value is declared to carriers and U.S. Postal Service? Yes No

Shipped Via	Estimated annual values
Your own or employees' vehicles	\$ _____
Parcel Delivery service	\$ _____
Specialized Fine Arts carrier	\$ _____
Other public carrier for hire	\$ _____
Registered mail	\$ _____
TOTAL annual values shipped	\$ _____

Please attach a Location Information page for each location; if any losses occurred at other than the scheduled locations, please attach a page showing date, amount of loss paid, deductible and cause of such losses.

FINE ARTS MUSEUM LOCATION INFORMATION

Please complete a separate Location Information page for each location listed on page 1

APPLICANT INFORMATION

Name of Applicant _____ Location # _____

Are there any occupancies other than the museum at this location? Yes No
 If yes, describe _____

BUILDING CONSTRUCTION

Wood Frame _____ Joisted Masonry _____ Steel _____ Masonry Non-combustible _____ Fire resistive _____
 Other (describe) _____

PROTECTIVE SAFEGUARDS

Within city fire protection Yes No Automatic Sprinkler System Yes No
 Sprinkler Alarm is local Central reporting station
 Burglar Alarm System Yes No includes Hold-up buttons Yes No
 Burglar Alarm is local Central reporting station with line security

Other (describe) _____

The system protects the Entire Premises Entire perimeter Openings only

The Alarm System Installation has U.L. Certification Number _____

Safe OR Vault at the premises is capable of storing fine arts Yes No

SMNA or UL Burglary Label _____ on Safe Vault door

What % of the values are in the safe/vault when not open for business? _____ %

The safe/vault is protected by a separate burglar alarm system Yes No

The system is Partial OR Complete (all sides)

U.L. Certificate Number _____

Watchman Protection - when closed at least # _____ watchman/watchmen are on duty
 If any, describe (make rounds on a clock, reports to central station, monitors closed circuit TV, etc.) _____

Employees/Owners/Attendants/Guard(s) Minimum number present when
 the premises are open to the public _____, when opening or closing _____

LOSS HISTORY at this location for the past three years

Date	Amount Paid	Deductible Amount	Cause of Loss
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Number of years at this location _____ What steps have been taken to prevent a recurrence? _____

Has any insurer cancelled or declined to renew your insurance? Yes No
 If yes, explain _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH IS A CRIME.

Applicant's Signature _____ Agent's Signature _____
 Date _____ Date _____