



COMMERCIAL FINE ART INSURANCE APPLICATION

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

Thank you for your interest in receiving a proposal of insurance from SC&F Specialty Underwriters.
Please complete this application and send to your representative underwriter.

Please check which best describes your business:

- Commercial Fine Art Dealer Private Dealer Museum Corporate Collection
- Other: _____

Name of Business: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Location(s) to be Insured: _____

Contact Name: _____ Phone: _____ Fax: _____

Email Address: _____

Describe Type of Business (Museum, Artist): _____

Number of years at location: _____

of Floors: _____ Floor that you are on: _____

Basement Storage (if yes, describe how works are stored, how far off the floor): _____

Year Built: _____

Construction: _____

Distance from Police Station: _____

Distance from Fire Station: _____

Distance from Fire Hydrant: _____

Security System:

Burglar Alarm: _____ Fire Alarm: _____

Brand: _____ Brand: _____

Central Station? _____ Central Station? _____

Type of Locks: _____ Smoke Detectors: _____ How Many: _____

Doors: _____ Brand Name: _____

Windows: _____ Fire Extinguishers: _____ How Many: _____

Guard or Doorman? _____



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Type of Fine Arts on premises (Masters, Contemporary, Antiques, Pre-Columbian, etc.) _____

Paintings _____ %

Sculpture (Fragile) _____ % Sculpture (Non-Fragile) _____ % Outdoor Sculpture _____ %

Porcelain & Ceramics _____ %

Silver _____ %

Jewelry _____ %

Furniture _____ %

Photographs _____ %

Drawings / Works on Paper _____ %

Other (Describe) _____ %

Is an itemized record of consignments including insurance responsibility maintained? _____

Do you have a certified independent appraisal, dated 3 years or newer? If yes, please attach. Yes No

If older than 3 years, please attached Purchase Invoice.

If fragile, are they in cases? Yes No

Are breakables, accessible to the public? If yes, please describe. Yes No

LOSS RECORD – LAST 5 YEARS (insured and uninsured):

| Amount of Loss | Date | Cause |
|----------------|------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |

Number of years in business: _____ If less than 5 years, list previous experience: _____

Has any insurer ever cancelled or refused to issue or to continue any insurance for you? Yes No

If yes, please explain: _____

Previous Insurer: _____



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Limits Required:

- (a) Main Location \$
(b) Other Location \$
Other Location \$
Other Location \$
(c) Transit within the U.S. and Canada \$
(d) Transit - International \$

Breakage Coverage requested? [] Yes [] No
Sub-Limit of Insurance: \$
Deductible: \$

Basis of Valuation (required - i.e.: consigned value, market value):

Approximate Maximum Total Value at Risk \$
Approximate Average Value at Risk \$
Top Valued Item \$
Deductible Amount: \$

SHIPPING:

Methods of Transportation Used: Profession Art Shippers (List Companies Used)

Overnight Carrier Services: (List Companies Used)

Owned Vehicle: Is your vehicle alarmed?
Average value per shipment (Within the U.S.) (International)
Average number of shipments per month (Within the U.S.) (International)
Average number of shipments per year (Within the U.S.) (International)

Please sign and date this application. Thank you.

Signature: Date: