



# COMMERCIAL FINE ART INSURANCE APPLICATION

**SPECIALTY UNDERWRITERS**

part of the **Crum & Forster** group

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038  
PHONE 212 344-3000. FAX 212 422-0253

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? \_\_\_\_\_



# COMMERCIAL FINE ART INSURANCE APPLICATION

**SPECIALTY UNDERWRITERS**

part of the **Crum & Forster** group

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038  
PHONE 212 344-3000. FAX 212 422-0253

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: \_\_\_\_\_



**SPECIALTY UNDERWRITERS**

part of the **Crum & Forster** group

# COMMERCIAL FINE ART INSURANCE APPLICATION

160 WATER STREET, 16TH FLOOR, NEW YORK, NY 10038  
PHONE 212 344-3000. FAX 212 422-0253

**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: \_\_\_\_\_