

1. GENERAL INFORMATION

- A. Name of Institution: _____
- B. Street Address: _____
- C. Mailing Address: _____
- D. Person to contact: _____

2. DESCRIPTION OF APPLICANT

- A. Nature of institution (art, history, science, etc.): _____
- B. Types and kinds of displays: _____
- C. Age and construction of building: _____
- D. Attendance (daily average and yearly total): _____
- E. Size and composition of staff: _____
- F. Dates of last appraisal/inventory: _____

3. LIMITS OF LIABILITY DESIRED

- A. Property of the Insured \$ _____
 - 1. At Insured's premises \$ _____
 - a. Maximum any one item \$ _____
 - 2. On loan or otherwise \$ _____
 - a. Maximum any one item \$ _____
- B. Property of others on loan to the Insured \$ _____
- C. Property owned by or on loan to the Insured while in transit at the Insured's risk \$ _____
- D. Blanket on personal property and business contents not otherwise insured (including valuable papers, A/V equipment, for-sale items in a bookshop, maintenance equipment and furniture and fixtures). \$ _____

Deductible: \$ _____

(Note: No deductible applies to limit 3.B. above. If varying deductibles are desired, please specify.)

4. PREMISES PROTECTION

A. Type, number and placement of smoke/heat detectors, sprinkler systems and fire extinguishers:

B. Proximity of fire station and hydrants: _____

C. National Board Protection Class: _____

D. Fire contents and extended coverage rates with coinsurance percentage applicable:

E. Describe staff training in evacuating property in the event of fire:

F. Alarm system:

1. Manufacturer: _____

2. Grade: _____

3. Installation Date: _____

4. Central Station Company: _____

5. Terms of maintenance agreement: _____

6. If U.L. listed, give certificate number: _____

7. Specify any areas where intrusion alarms are not present: _____

G. Agent's estimate of probable maximum loss: \$ _____

5. OTHER INFORMATION

A. Current inland marine insurance (premium and losses last 3 years):

B. Effective date if application and rate quotation acceptable: _____

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

Applicant's Signature: _____ Date: _____

Agent's Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip Code: _____