

AGENCY INFORMATION				
Agency Name:		Agency Code:		
Agency Address	Street:	City:	State:	Zip:
Producer Name				

GENERAL INFORMATION				
Insured Name:		Date:		
Effective Date	From:	To:		
Mailing Address	Street:	City:	State:	Zip:
Business Structure	Individual	Partnership	Corporation	Joint Venture
	Other			
If Other, please explain:				
Inspection Contact	Name:	Phone:	Email:	
Policy Type	Museum	Historical Society	Corporate Collection	Private Collection

MUSEUM				
Answer the following if policy type is a museum				
Type of Museum	Art	History	Science	Other
If other, please describe:				
Are you accredited by the American Association of Museums?		Yes	No	

COVERAGE	
(A) PROPERTY YOU OWN	
How often do you take inventory?:	
When was the most recent inventory taken?:	
Value of most recent inventory?:	
Value of your highest value item?:	
(B) How many exhibitions do you hold per year at the premises of others?	
What is the average value of property at such exhibitions?	
(C) PROPERTY OF OTHERS	
The average and maximum values of property of others during the past 12 months in your custody at one time are:	
Average: \$	Maximum: \$

**Closer Coverage** delivered in the Northeast, with offices located in:

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## LIMITS OF INSURANCE

(A) Property You Own (Permanent Collection):

1) At Your Premises	\$
2) One Exhibition (Temporary Loan)	\$
3) On Loan to Others	\$
(B) Property of Others	\$
(C) Property in Transit	\$
(D) Deductible	\$

## OPTIONAL COVERAGES

Would you like more information on the following:

Reporting Forms	Extremes of Environment Coverage	Foreign Locations Coverage
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## PROTECTIVE SAFEGUARD INFORMATION

Fire-Smoke detection equipment?	Yes	No
If yes, describe:		
Central Station Alarm?	Yes	No
If yes, Company?:		If yes, # of security lines?:
Burglar Alarms?	Yes	No
If yes, describe:		
Climate Control Systems?	Yes	No
If yes, describe:		
Closed Circuit Television?	Yes	No
If yes, describe:		
Any of the above UL approved systems?	Yes	No
If yes, describe (attach certificate):		

## LOCATION INFORMATION

Building Construction:	Number of Floors:
Year Built:	Number of Entrances Open to Public:
Year systems last updated:	
Hours of Operation:	

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## TRANSPORTATION

Complete only if transit coverage is desired

Mode of Transport	Name of Carriers	Annual Values Shipped	Average Value per Shipment
Motor Carriers		\$	\$
Air		\$	\$
Registered Mail		\$	\$
Your Vehicle(s)	N/A	\$	\$
Other		\$	\$

If other, describe:

Describe any special packing arrangements:

Describe security precautions taken in your loading and unloading area and while in transit:

## PREVIOUS INSURANCE/LOSS INFORMATION

Year	# of Thefts	\$ of Thefts	# of all other	\$ of all other	Total #	Total \$

Has any insurer within the past 5 years refused to renew, or canceled insurance to the applicant?

Yes

No

If yes, give details:

Please give details of your existing insurance

Carrier:

Existing deductible:

Renewal offered?:

Existing limit:

Existing rate:

Expiration date:

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NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US. ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer Signature: \_\_\_\_\_ Producer Name (Please Print): \_\_\_\_\_

Acadia Insurance | One Acadia Commons Westbrook, ME 04092 | 800-773-4300

[www.AcadiaInsurance.com](http://www.AcadiaInsurance.com)



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