

**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 <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Joint Venture <input type="checkbox"/> Other <input type="checkbox"/>
	If Other, please explain:			
Inspection Contact	Name:	Phone:	Email:	
Policy Type	Museum <input type="checkbox"/>	Historical Society <input type="checkbox"/>	Corporate Collection <input type="checkbox"/>	Private Collection <input type="checkbox"/>

**MUSEUM**

Answer the following if policy type is a museum

Type of Museum	Art <input type="checkbox"/>	History <input type="checkbox"/>	Science <input type="checkbox"/>	Other <input type="checkbox"/>
If other, please describe:				
Are you accredited by the American Association of Museums?		Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**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: \$
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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 ☐

## PROTECTIVE SAFEGUARD INFORMATION

Fire-Smoke detection equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe:		
Central Station Alarm?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Company?:	If yes, # of security lines?:	
Burglar Alarms?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe:		
Climate Control Systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe:		
Closed Circuit Television?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, describe:		
Any of the above UL approved systems?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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:	

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

CONNECTICUT | MAINE | MASSACHUSETTS | NEW HAMPSHIRE | NEW YORK | VERMONT

## 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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MASSACHUSETTS

NEW HAMPSHIRE

NEW YORK

VERMONT

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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