



Collections coverage application

Applicant details:

Name:

Address:

City/State/Zip:

Website:

Collection:

Total Value to be Insured:\$

Please attach a list of the top ten highest valued objects in the collection.

Is a duplicate inventory record maintained off-premises? Yes No

Are any objects displayed outside? Yes No

Please list:

How are they secured?

Primary method of Transit:

Are any display locations or transit of covered property located in Cuba, Iran, North Korea, Syria, Sudan, Russia, Ukraine or Belarus? Yes No

All locations where property is/will be located and values at each:

Location 1:

Exhibition Dates at This Locations: to

Location address

City/State/Zip

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Will any property be transported via Ocean cargo? If so Value \$

Ocean transit details:

Year Built:

Construction Type:

Are any objects stored in the basement? If yes, list value(s) here: \$

Location 2:

Exhibition Dates at This Locations: _____ to _____

Location address

City/State/Zip

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Will any property be transported via Ocean cargo? If so Value \$

Ocean transit details:

Year Built:

Construction Type:

Are any objects stored in the basement? If yes, list value(s) here: \$

Location 3:

Exhibition Dates at This Locations: _____ to _____

Location address

City/State/Zip

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Will any property be transported via Ocean cargo? If so Value \$

Ocean transit details:

Year Built:

Construction Type:

Are any objects stored in the basement? If yes, list value(s) here: \$

Location 4:

Exhibition Dates at This Locations: _____ to _____

Location address

City/State/Zip

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Will any property be transported via Ocean cargo? If so Value \$

Ocean transit details:

Year Built:

Construction Type:

Are any objects stored in the basement? If yes, list value(s) here: \$

Location 5:

Exhibition Dates at This Locations: _____ to _____

Location address

City/State/Zip

For additional locations, attach a list or spreadsheet with locations and values.

** Attach facility report if available*

Will any property be transported via Ocean cargo? If so Value \$

Ocean transit details:

Year Built:

Construction Type:

Are any objects stored in the basement? If yes, list value(s) here: \$

Fire protection:

Is the entire structure protected by:

- | | | |
|------------------------------|-----|----|
| • Central station fire alarm | Yes | No |
| • Heat detectors | Yes | No |
| • Smoke detectors | Yes | No |
| • Automatic sprinkler system | Yes | No |

Number of portable fire extinguishers?

When was electrical/HVAC system installed or updated?

Burglary prevention:

Is the entire structure protected by:

- | | | |
|------------------------------|-----|----|
| • Central station fire alarm | Yes | No |
| • 24/7 security guard | Yes | No |
| • CCTV | Yes | No |
| • Locked cases | Yes | No |
| • Motion sensors | | |

*Attach alarm certificate if available

Are premises unoccupied for more than two weeks at a time? Yes No

If yes, provide details:

California only: if built before 1952: Primary location

- | | | |
|---|-----|----|
| Is Building retrofitted in accordance with CA building codes? Date: | Yes | No |
| What is brush clearance? | | ft |
| Are objects secured with the following (select all that apply)? | | |
| • Earthquake hooks | Yes | No |
| • Museum wax | Yes | No |

Florida only:

Are premises fitted with any of the following:

- | | | |
|-------------------|-----|----|
| • Storm shutters | Yes | No |
| • Hurricane glass | Yes | No |
| • Roof clips | Yes | No |

*Attach Elevation Certificate and Wind Mitigation Form

Insurance history

Has applicant sustained any losses during the past five years? Yes No

If yes provide detail:

Has any insurance ever been canceled?

Yes No

Do you currently have insurance?

Yes No

Current carrier:

Renewal date:

Producer:

How many years have you known applicant?

Do you handle any other lines of insurance for the applicant?

Yes No

If yes, please provide details:

Applicant warranty:

I understand the information reflected in this application to be true.

Signature :

--

Date

--

**Producer's
Signature**

--

Date

--

Date:

Disaster mitigation supplement

Having a pre-determined plan of action is the best way to safeguard covered property, even before a disaster occurs. Each plan will be unique and specific to the natural disaster risk faced and the property you wish to protect. This disaster mitigation supplement form is part of your collections coverage application and is meant to assist you in formulating a sound disaster mitigation plan. The information you provide on this form will be considered in making underwriting decisions.

Applicant name:

Location(s) of covered property:

Location 1

Location 2

Location 3

Hurricane prone locations only:

My location is prone to hurricanes. In the event of an Atlantic Storm becoming a named storm with a projected path that is likely to impact my collection / inventory, I will mitigate loss by:

Impact from high winds:

Impact from storm surge / flooding:

Earthquake prone locations only:

My location is prone to earthquake(s) and I have taken the following preventative measures to secure my collection / inventory from loss due to earthquake(s) / earth movement:

Wildfire prone areas:

My collection / inventory is located in a wildfire prone area and in the event of a wildfire and/or during wildfire season I am / have taken the following precautions and instituted the following plan to mitigate against loss due to wildfire:

Flood prone areas:

My collection / inventory is located in a flood zone and I have / will take the following precautions to safeguard insured property:

Applicant warranty:

I understand the information reflected in this disaster mitigation supplement to be true

Signature:

Dated:

Disclosures:

California

Notice:

1. The insurance policy that you [have purchased] [are applying to purchase] is being issued by an insurer that is not licensed by the state of California. These companies are called "nonadmitted" or "surplus line" insurers.
2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.
3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.
4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a nonunited states (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker

Website www.INSURANCE.CA.GOV. Ask whether or not the insurer is licensed as a foreign or non-united states (alien) insurer and for additional information about the insurer. You may also contact the NAIC's internet website at www.NAIC.ORG

Or contact the California department of insurance at the following toll-free telephone number ____ or internet

5. Foreign insurers should be licensed by a state in the United States, and you may contact that state's department of insurance to obtain more information about that insurer.
6. For non-united states (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's international insurers department (IID) listing of approved nonadmitted non-united states insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.
7. California maintains a list of approved surplus line insurers. Ask your agent or broker if the insurer is on that list, or view that list at the internet web site of the California department of insurance: www.insurance.ca.gov.
8. If you, as the applicant, required that the insurance policy you have purchased be bound immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.

North Dakota

Notice: 1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called "nonadmitted" or "surplus lines" insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines producers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines producer. You may also contact your insurance department consumer help line.

Rhode Island:

Notice

This insurance contract has been placed with an insurer not licensed to do business in the state of Rhode Island but approved as a surplus lines insurer. The insurer is not a member of the Rhode Island insurers insolvency fund. Should the insurer become insolvent, the protection and benefits of the Rhode Island insurers insolvency fund are not available.

South Carolina:

This company has been approved by the director or his designee of the South Carolina Department of Insurance to write business in this state as an eligible surplus lines insurer, but it is not afforded guaranty fund protection.

West Virginia:

Notice: 1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called "nonadmitted" or "surplus lines" insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines brokers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance agent or surplus lines licensee. You may also contact your Insurance Commission consumer help line.