



# Red Shield Insurance Company®

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## FINE ARTS DEALERS & COLLECTORS APPLICATION

Clear Form

|  |  |  |             |
|--|--|--|-------------|
| Policy No.:  | Proposed Effective and Expiration Date:<br>From: To: | Status of Submission:<br><input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue   | Agent Code: |
| Applicant's Name:  |  | Agent Name:  |             |
| Business Name / DBA:   |  | Agent Address:   |             |
| Mailing Address:   |  |  |             |
|  |  | Agent's Phone No.:   |             |
|  |  | Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No   |             |
| Applicant's Phone No.<br>Home:<br>Work:  |  | Billing Status: <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill<br>(Direct Bill requires full premium or installment plan down payment)                                  |             |
| Years in Business:   | Years of Experience:                                 | Company Installment Plan Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% Down Payment Required) |             |
| Inspection Records<br>Name:<br>Contact Phone:  |  | Accounting Records<br>Name:<br>Contact Phone:  |             |
| Type of Business<br><input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC / LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other |  |  |             |

### PREMISES INFORMATION – Scheduled Locations

| LOC # | ADDRESS | YEAR BUILT | LIMIT |
|-------|---------|------------|-------|
|       |         |            |       |
|       |         |            |       |
|       |         |            |       |

FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach addition sheets for multiple locations)

|  |                       |                          |  |
|--|-----------------------|--------------------------|--|
| Construction Type:   |                       |                          |  |
| Percentage of Building that is sprinkled:  |                       | %                        |  |
| Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action <input type="checkbox"/> Cross-Zoned to Fire/Smoke Detection System                                      |                       |                          |  |
| Which areas are protected by the sprinkler system?   |                       |                          |  |
| Number of portable fire extinguishers:   |                       |                          |  |
| Type (select): <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Foam <input type="checkbox"/> Halon <input type="checkbox"/> Acid <input type="checkbox"/> Other |                       |                          |  |
| Other private fire protection (fire extinguishers, private water supply, etc.)   |                       |                          |  |
| Number of Stories:   | Total Square Footage: | Public Protection Class: |  |
| Ages / Updates:<br>Wiring: Roof: Plumbing: HVAC:   |                       |                          |  |
| If any locations are leased, who is responsible for building and system maintenance? <input type="checkbox"/> Owner <input type="checkbox"/> Insured   |                       |                          |  |

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Identify and describe other tenants' operations:

Are any locations in a flood zone?  Yes  No Flood zone:  
 Controls to limit exposure:

Is there a history of back-up of drain/sewer?  Yes  No Is there a floor drain?  Yes  No

Are any locations in an earthquake zone?  Yes  No Earthquake zone:  
 Controls to limit exposure:

**EMPLOYEES AND SECURITY**

|   |   |   |   |
|---|---|---|---|
| Total number of employees:  | Full Time   | Part Time   | Bonding Company:                                      |
| Name of Director/Dealer:  |   |   | Experience:   |
| Who is responsible for security during business hours?  |   |   |   |
| Who is responsible for training employees?  |   |   |   |
| Who is responsible for receiving and releasing art?   |   |   |   |
| Who is responsible for packing/unpacking art?   |   |   |   |
| Who is responsible for installation/hanging?  |   |   |   |
| Are security personnel at entrances/exits during open hrs.?   | <input type="checkbox"/> Y <input type="checkbox"/> N | Do doors have controlled entry/exit systems?        | <input type="checkbox"/> Y <input type="checkbox"/> N |
| Can staff view entire gallery & entrances/exits at all times?   | <input type="checkbox"/> Y <input type="checkbox"/> N | How many staff members have keys to exterior doors? |   |
| Is there an emergency disaster plan?  | <input type="checkbox"/> Y <input type="checkbox"/> N | How frequently is staffed trained for emergencies?  |   |
| Describe how and where objects stored when not on display:  |   |   |   |
| What procedures are observed in the case of theft or vandalism?   |   |   |   |
| Is an electronic security alarm system in operation? <input type="checkbox"/> Y <input type="checkbox"/> N  |   |   |   |
| Are all exterior openings secured and alarmed? <input type="checkbox"/> Y <input type="checkbox"/> N  |   |   |   |
| Types of detection equipment (select):  |   |   |   |
| <input type="checkbox"/> Magnetic Contacts <input type="checkbox"/> Photo Ray <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Sound <input type="checkbox"/> Motion<br><input type="checkbox"/> Infrared <input type="checkbox"/> Pressure <input type="checkbox"/> CCTV w/Recording |   |   |   |

**PROPERTY ON PREMISES – Please provide a copy of your Consignment Agreement**

|   |   |   |
|---|---|---|
| Property consists of:   | <input type="checkbox"/> Contemporary Works           | <input type="checkbox"/> Rare or Antique Works  |
| Covered Property includes:  | <input type="checkbox"/> Paintings/Etchings/Prints    | <input type="checkbox"/> Tapestries/Rugs/Fabrics  |
|   | <input type="checkbox"/> Pottery/Art Glass/Ceramics   | <input type="checkbox"/> Wood/Bone Carvings   |
|   | <input type="checkbox"/> Sculpture/Statuary           | <input type="checkbox"/> Antiques/Historical  |
|   | <input type="checkbox"/> Books/Manuscripts            | <input type="checkbox"/> Photography  |
| Average value of a single item:   | Maximum value of a single item:                       |   |
| Do you maintain an itemized inventory, including all sales, purchases and acquisitions? <input type="checkbox"/> Y <input type="checkbox"/> N |   |   |
| Date of last inventory:   |   |   |
| Are duplicate records/inventory maintained off-site:  | <input type="checkbox"/> Y <input type="checkbox"/> N | What is the frequency of back-up? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly |
| Is all inventory appraised?   | <input type="checkbox"/> Y <input type="checkbox"/> N | Are appraisals available? <input type="checkbox"/> Y <input type="checkbox"/> N   |
| Who provides appraisals?  |   |   |
| How is valuation determined?  |   |   |

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| Commodity | Average/ Maximum Values | Work Performed & Location/Vendor |
|-----------|-------------------------|----------------------------------|
|           | -                       |                                  |
|           | -                       |                                  |
|           | -                       |                                  |

**TRANSPORTATION INFORMATION – Including to/from clients and processors**

|  |
|--|
| Mode of transportation: <input type="checkbox"/> Common Carrier <input type="checkbox"/> Rail <input type="checkbox"/> Air <input type="checkbox"/> Owned Vehicles |
| Radius of operation:   |
| Annual volume of incoming shipments: <span style="margin-left: 150px;">Annual value of outgoing shipments:</span>  |
| Who is responsible for packing/unpacking/preparation for shipment?   |
| Are items received in transit, are they immediately inspected for damage? <input type="checkbox"/> Y <input type="checkbox"/> N                                    |
| If not, length of time until inspected:  |

**COVERAGE INFORMATION**

|   |
|---|
| Limit <span style="margin-left: 50px;">Scheduled location (s):</span><br>(Per schedule of locations, unless noted here) |
| Limit, Off Premises: <span style="margin-left: 150px;">Limit, Any One Occurrence:</span>                                |
| Limit, In Transit: <span style="margin-left: 150px;">Deductible:</span>   |

**PRIOR/CURRENT INSURANCE COMPANY INFORMATION**

| TYPE OF COVERAGE | CARRIER | FROM | TO | PREMIUM |
|------------------|---------|------|----|---------|
|                  |         |      |    |         |
|                  |         |      |    |         |
|                  |         |      |    |         |

Has any company ever cancelled, declined, or refused to rewrite or renew any insurance policy for you?  Yes  No

If YES, explain:

Explain any periods when insurance was not in place:

**PRIOR LOSS INFORMATION**

**(Include information for all losses, insured or uninsured that would be recoverable under this type of insurance in the past 5 years)**

| Date of Loss | Carrier | Loss Amount | Open/Closed | Description of Loss | Deductible | Amount Paid |
|--------------|---------|-------------|-------------|---------------------|------------|-------------|
|              |         |             |             |                     |            |             |
|              |         |             |             |                     |            |             |
|              |         |             |             |                     |            |             |

**Attach separate sheet or company loss runs if additional space is needed**

Clear Form

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, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

**RED SHIELD INSURANCE COMPANY, AT ITS OPTION, WILL VERIFY RISK LOSS EXPERIENCE**

*This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.*

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producer's ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

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