

IJU Agency Ltd.

Personal Fine Arts Collection Insurance Form

(Please fill out to the best of your ability.)

Part I: General Information

Name:

Address:

Mailing Address (If Different):

Telephone #: _____ Email: _____ Fax: _____

Employment: _____ Years at current position: _____

Type of Business: _____

Part II: Current Insurance Information

(Hint: Save time and skip part II, simply upload your current policy as an attachment or fax us a copy!

Fax #: (212)575-5196, Email: Info@IJUAgency.com)

Current Insurance Company: _____

Effective Date: _____ Premium: _____

Have you had any claims in the last 5 years, if yes, please elaborate:

IJU Agency Ltd.

1040 Avenue of the Americas, New York, NY 10075

Phone: 1(212)575-1860 Fax: 1(212)575-1807 Email:Info@IJUAgency.com

Limits Of Insurance:

	Limit of Insurance	Deductible
Premises		
Other Locations		
While In Transit		

Part III: Property Information

Are special instructions given to third parties regarding the care and handling of the collection:

Yes _____ No _____

Is the condition of objects in storage inspected on a regular basis:

Yes _____ No _____

When an item is received via transit, is the item immediately inspected:

Yes _____ No _____

Are any objects displayed outside: Yes _____ No _____

Part IV: Construction

Fire Resistive: Yes _____ No _____

Non-Combustible: Yes _____ No _____

Frame: Yes _____ No _____

Year Built: _____

Building Improvements:

Improvement	Year of Improvement
Wiring	
Roofing	
Plumbing	
Heating	

Is there a history of water back-up from a drain and/or sewer, if yes please explain:

Part V: Fire Protection

Is the building protected by a fire and/or smoke detector/alarm system:

Does your alarm system ring into a central station:

Is there an automatic sprinkler system on premises:

Part VI: Security

Type of structure: Single Family Home _____ Co-op _____ Condominium _____

Gated Community _____

Is there a third party employed who has keys to the exterior doors or windows:

Is your electronic alarm system connected to a central station: Yes _____ No _____

Does your electronic alarm system have polling, if yes how often:

Part VII: Safes & Vaults

Do you have a U.L. rated safe: Yes _____ No _____

If yes, what is the U.L. rating, and who has access to the safe:

Do you keep the jewelry to be covered in the safe at all times when not being worn?

Yes _____ No _____

Do you regularly have jewelry checked by a jewelry to ensure all mountings are in good repair:

Yes _____ No _____

Part VIII: Other

Other information that you feel may help us better understand your needs:

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Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverage's are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverage's are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By (Print): _____

Signature: _____

Date: _____