

**Richter Robb Pacific Ins. Services**

3990 West Yosemite Avenue  
Lathrop, CA 95330  
209-249-5100 Fax: 877-858-1955  
CA # 0708939 NV # 632045

**FINE ART PACKAGE POLICY APPLICATION**  
**NEW ACCOUNT SUBMISSION PRO-FORMA DEALERS/GALLERIES**

*PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY FOR FASTER SERVICE.*

**ASSURED'S INFORMATION**

Name of Assured: \_\_\_\_\_

Owners & Officers: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

City

County

State

Zip

Phone

Fax

Cellular

Email

Website Address

**FINE ART PACKAGE POLICY INFORMATION**

POLICY PERIOD: \_\_\_\_\_

To \_\_\_\_\_

**LOCATION #1 PREMISES INFORMATION**

**Location #1**

Premises Construction: \_\_\_\_\_

Year Built: \_\_\_\_\_

Square Feet: \_\_\_\_\_

Floor Level: \_\_\_\_\_

Number of Stories: \_\_\_\_\_

Is premises located in coastal area as defined below:

Yes  No

*\*If so number of miles from coast: \_\_\_\_\_*

**\* Coastal is defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, LA, MS, TX, GA, SC, NC & NJ.**

**LOCATION #1 PREMISES PROTECTION (Complete All That Apply)**

**Location #1**

Burglar Alarm:

Local:

Yes  No

Central Station:

Yes  No

Mercantile

Yes  No

Heat/Smoke Detectors:

Yes  No

Fire Alarm:

Yes  No

Controlled Entry/Exit System:

Yes  No

Sprinklers:

Yes  No

Roll-Down Gates:

Yes  No

Hurricane Shutters &/or Hurricane Glass:

Yes  No

**FINE ART PACKAGE POLICY INFORMATION (Cont.)**

SECTION I FINE ART, ANTIQUES & OTHER STOCK COVERAGE REQUIRED:

<u>Location #1</u>	<u>Sum Insured:</u>
(a) Fine Art, Antiques & Other Stock	\$ .....
(b) Reference Library	\$ .....
(c) Business Furniture, Fixtures, Improvements, Etc.	\$ .....
(d) AT ANY OTHER UNNAMED LOCATION WITHIN THE USA/CANADA ONLY, including Exhibitions and Art Fairs, including Art on Approval	\$ .....
(e) Money on & off premises	\$ .....
(f) Employee Theft	\$ .....
(g) While in transit, including personally conveyed within the USA/Canada.*	\$ .....
<i>*Transit limit applies to all named locations covered under this policy</i>	
(h) In any one Transit overseas, including personally conveyed Worldwide (excluding: Iran, Iraq & Afghanistan)**	\$ .....

*\*Transit limit applies to all named locations covered under this policy*

**Basis of Valuation:**

- o Gallery-owned Art at Selling price, less 20%, or Cost price plus 30% - whichever is greater
- o Consigned Art at consigned price, plus 10%
- o Furniture, Fixtures, & Equipment at Replacement Cost

Section I Deductible each and every Loss, as fully explained in the Policy Wording \$ .....

Section I Hurricane Deductible \$ .....

INTEREST: All Forms of Fine Art, Consisting Primarily of:

1) Estimated Percentage of Inventory:

Paintings: .....	%	Jewelry: .....	%
Furniture: .....	%	Sculptures (Fragile): .....	%
Sculptures (Non-Fragile): .....	%	Permanent Outdoor Exposures: .....	%
Drawings/Prints: .....	%	Other: .....	%

- Describe Other: .....

2) Approx. Avg./Max Total Inventory Value \$ ..... (Avg.) \$ ..... (Max.)  
(More or less on occasion)

3) Date of Last Inventory: .....

4) Approx. Percentage of Consigned Items: ..... %

5) Number of Years in Business: ..... In Trade Since: .....

6) Number of Employees at this Location: .....

7) List Association Membership (If Any): .....

**FINE ART PACKAGE POLICY INFORMATION (Cont.)**

7) Projected Annual Sales: .....

8) Domestic Estimated Total Annual Sendings Values Shipped:

Personal Conveyance: .....

Customer Parcel Delivery or Freight: .....

Post or Airmail .....

Ocean Cargo .....

9) Estimated Total Annual Sendings Values Shipped Worldwide:

Personal Conveyance: .....

Customer Parcel Delivery or Freight: .....

Post or Airmail: .....

Ocean Cargo: .....

10) Details of anticipated Fairs to be attended next year (including Transits to and from the event):  
*(Note: For coverage to apply, all Art Fairs to be exhibited at must be listed on this application.)*

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11) Earthquake Coverage Required in Respect of:

(a) Fine Art, Antiques & Other Stock  Yes  No

(b) Furniture, Fixtures, Improvements and Betterments  Yes  No

12) Losses in Past 5 Years - Insured or Otherwise:

<u>Year</u>	<u>Amount</u>	<u>Details of Loss</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

13) Cancellation or Refusals:

(a) Has any Insurer ever Cancelled or Refused to Issue or Continue any Insurance for you?  Yes  No

(b) If "Yes", give reason: .....

.....

14) Additional &/or Unique Coverage, Clause or Material Facts:

.....

.....

.....

.....

.....

**FINE ART POLICY INFORMATION (Cont.)**

**SECTION II OTHER PROPERTY & BUSINESS INTERRUPTION COVERAGE LIMITS REQUIRED:**

	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
Building at Replacement Cost: <i>80% Co-Insurance applies to Building Coverage.</i>	.....	.....
Loss of Business Income Per Loss Aggregate: <i>Actual Loss Sustained Up to 12 Consecutive Months Subject to a maximum of the per-loss Aggregate Limit</i>	Max Total Per Loss Agg. Limit: .....	.....
Computer & Media:	.....	.....
Outdoor Signs:	.....	.....
Exterior Grade Floor Glass:	.....	.....
Ordinance or Law, Demolition & Increased cost of construction:	.....	.....
Employee Theft:	.....	.....

**SECTION III LIABILITY COVERAGE REQUIRED:**

1. Commercial General Liability:  \$1,000,000 Per Occurrence / \$2,000,000 Aggregate  Nil
2. Include Stop Gap Liability \*\*:  Mark if Applicable  

*\*\* Stop Gap Liability Coverage only applies in the following States: North Dakota, Ohio, Washington, Wyoming and West Virginia.*
3. Hired and Non Owned Auto:  \$1,000,000 Per Occurrence / \$1,000,000 Aggregate  Nil
4. Excess Liability:  \$1,000,000 Per Occurrence / \$2,000,000 Aggregate  
 Other: .....  Nil
  - a. Do you want the excess liability to include \$1,000,000 Per Occurrence / \$1,000,000 Aggregate Limits in respects of Hired & Non Owned Auto?  Yes  No
5. Employee Benefits Liability:  \$1,000,000 Per Occurrence / \$1,000,000 Aggregate  Nil
6. Professional Appraisal Liability:  \$50,000  \$100,000  \$300,000
7. Employment Practice Liability\*:  \$100,000  \$300,000  \$500,000  \$1,000,000  

*Have you maintained continuous coverage in respects of E.P.L.I.?*  Yes  No

*If "Yes", please state previous carrier:* ..... *Retro Date:* .....
8. Cyber Liability\*:  \$500,000  \$1,000,000  

*Have you maintained continuous coverage in respects of Cyber Liability?*  Yes  No

*If "Yes", please state previous carrier:* ..... *Retro Date:* .....

**ADDITIONAL INSURED**

<u>Name</u>	<u>Address</u>	<u>Interest Description</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**LOSS PAYEES**

<u>Name</u>	<u>Address</u>	<u>Interest Description</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

*\* Supplemental Applications must be filled if either E.P.L.I. or Cyber Liability coverage's are desired.*

**FINE ART POLICY INFORMATION (Cont.)**

**ADDITIONAL LOCATION SCHEDULE**

Loc.	Address	City	State	Zip
2.	.....	.....	.....	.....
3.	.....	.....	.....	.....
4.	.....	.....	.....	.....

	Location #2	Location #3	Location #4
1. Number of stories of the building where premises is located:	.....	.....	.....
2. Construction type of premises:	.....	.....	.....
3. Year premises was built:	.....	.....	.....
4. Total square feet of premises:	.....	.....	.....
5. County where premises is located:	.....	.....	.....
6. Number of employees employed at this location:	.....	.....	.....
7. Is location equipped with the following:			
(a) Central Station Burglar Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Fire Alarm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Sprinklers:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Hurricane Shutters or Hurricane Glass:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are the additional locations in a Coastal Area as defined below:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", how many miles from the coast:	.....	.....	.....

**\* Coastal is defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, LA, MS, TX, GA, SC, NC & NJ.**

**SECTION I FINE ART, ANTIQUES & OTHER STOCK COVERAGE REQUIRED:**

	Location #2	Location #3	Location #4
1. Fine Art, Antiques & Other Stock	.....	.....	.....
2. Reference Library:	.....	.....	.....
3. Business Furniture, Fixtures, Improvements, Etc.	.....	.....	.....
4. Money On & Off Premises:	.....	.....	.....
5. Employee Theft:	.....	.....	.....

**FINE ART POLICY INFORMATION (Cont.)**

**SECTION II OTHER PROPERTY & BUSINESS INTERRUPTION COVERAGE LIMITS REQUIRED:**

	Location #2	Location #3	Location #4
1. Building at Replacement Cost: <i>80% Co-Insurance applies to Building Coverage.</i>	.....	.....	.....
2. Loss of Business Income Per Loss Aggregate: <i>Actual Loss Sustained Up to 12 Consecutive Months Subject to a maximum of the per-loss Aggregate Limit Indicated.</i>	.....	.....	.....
4. Computer & Media:	.....	.....	.....
5. Outdoor Signs:	.....	.....	.....
6. Exterior Grade Floor Glass:	.....	.....	.....
7. Ordinance or Law, Demolition & Increased cost of construction:	.....	.....	.....

**SECTION III LIABILITY COVERAGE**

1. Are the *liability limits* from location #1, if any, to apply:

(a) Location #2:  Yes  No (b) Location #3  Yes  No (c) Location #4  Yes  No

**NOTATIONS TO INSURED**

- A) AN INSPECTION OF THE PREMISES MAY BE DONE WITHIN THE FIRST 30-60 DAYS OF THE POLICY TERM. THE INSURANCE COMPANY WILL MAKE THAT DETERMINATION ON A CASE-BY-CASE BASIS. THIS INSPECTION WILL BE ADMINISTERED BY A PROFESSIONAL SERVICE ON BEHALF OF INSURERS. AN APPOINTMENT WILL BE SCHEDULED WITH THE APPLICANT AT THEIR CONVENIENCE.
- B) SIGNING THIS APPLICATION DOES NOT BIND THE INSURER OR APPLICANT FOR INSURANCE COVERAGES; HOWEVER, THE APPLICATION MUST BE SIGNED BY THE APPLICANT IN ORDER FOR COVERAGE TO EVENTUALLY BE BOUND.
- C) IN THE EVENT A POLICY IS ISSUED BY THE INSURER BASED ON THIS APPLICATION, THIS APPLICATION SHALL BECOME PART OF THE POLICY. INCLUDED IN THE POLICY IS AN AGREEMENT THAT THE APPLICANT WILL MAINTAIN THE SECURITY AT THEIR PREMISES AS INDICATED IN THIS APPLICATION. IN THE EVENT THIS PROTECTION IS NOT MAINTAINED AND A LOSS OCCURS, COVERAGE MAY NOT BE PROVIDED.
- D) IT IS AGREED THAT THIS APPLICATION SHALL CONSTITUTE A MATERIAL REPRESENTATION BY THE APPLICANT AND SHALL BE INCORPORATED INTO AND BECOME PART OF THE POLICY SHOULD A POLICY BE ISSUED.
- E) I HAVE READ THE ABOVE AND AGREE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT REPRESENTS A TRUE AND COMPLETE STATEMENT.

SIGNATURE: .....

DATE: .....

PRINT NAME: .....

TITLE: .....