

IJU Agency Ltd.

Art Organization, Gallery, & Studio Insurance Form

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

Part I: General Information

Name: _____

Entity type (LLC, Sole Proprietorship, Partnership, Corporation...): _____

Address: _____

Mailing address (If Different): _____

Telephone #: _____ Email: _____ Fax: _____

Website _____ FEIN #: _____

Type of business: _____ # of employees: _____

Years in business: _____ Type of business: _____

Hours of operation: _____ Annual budget: _____

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:

Limits of insurance:

	Limit of Insurance	Deductible
Premises		
Other Locations		
While In Transit		

Part III: Property Information

Is the building currently under construction and/or being restored: Yes _____ No _____

If Yes, please explain:

Is the building currently ADA Compliant: Yes _____ No _____

Is the building also a private home, hotel, inn, or bed & breakfast: Yes _____ No _____

If Yes, please explain:

Does someone live on the premises full time, do they have a separate homeowner's or renters insurance policy?

Yes _____ No _____

Part IV: General Liability Information

Please list all staff:

Position	# of Employees	Position	# of Employees
Administrators		Librarians	
Curators		Researchers	
Computer Technicians & Programmers		Research Assistants	
Guides		Teachers	
Guards		Volunteers	

Do you have a written safety program in place: Yes _____ No _____

Is there a swimming pool or lake on premises: Yes _____ No _____

Please describe any fundraising activities, including but not limited to special events, activities performed at events, number of participants, event location, and whether or not liquor is served or sold:

When contracted professionals are used, are they required to sign an indemnification and/or a hold harmless agreement: Yes _____ No _____

Are certificated of insurance required and kept on file for any contracted professionals:

Yes (Please name the limit of liability) _____ No _____

Is a background check required for all staff members & volunteers: Yes _____ No _____

Please list all operations broken by source:

Operation / Activity	Annual Receipts
	\$
	\$
	\$
	\$

Do you publish: Books _____ Magazines _____ Online Newsletter _____
Pamphlet _____ Printed Newsletter _____ Other _____

Do you have a publisher's liability insurance policy, if Yes please provide the carrier, limits, and policy enforcement dates: _____

Part V: Automobile Information

Is there a written driver screening plan in place: Yes _____ No _____

Are motor vehicle records checked prior to hiring: Yes _____ No _____

Is personal use of the automobile permitted: Yes _____ No _____

Are family members permitted to drive the insured's automobiles: Yes _____ No _____

Part VI: Art Galleries / Studios

Type of artwork displayed: _____

Performance Art (type, place, and frequency): _____

Art Shows (total # per year & frequency):

Lectures (type & frequency):

Classes (type & frequency): _____

Are appraisal services offered: Yes _____ No _____

Are chemicals and solvents stored in NFPA & EPA approved containers: _____

Are there gift shop/retail sales: Annual Gross Sales \$ _____ Type of items sold

If the facility rented out for social events: Yes _____ No _____

If Yes, is a staff member always present, and does the gallery provide catering: _____

If Yes, are certificates of insurance required from all non-member groups renting the facility: Yes _____ No _____

For exhibitions on loan from others, who is responsible for the insurance while property is in transit, and who is responsible for the insurance while the property is at the insured's premises:

When an exhibition is on loan to others, who is responsible for the insurance while property is in transit, and who is responsible for the insurance while at the other premises:

Are exhibits hung from ceilings: _____

Are hands-on exhibits inspected daily to check for broken pieces or malfunctions: _____

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, if no please explain:

Do you maintain records on internal relocation of objects: Yes _____ No _____

Are your works appraised regularly at least once every 5 years: Yes _____ No _____

Do you have off-site storage of your collection records: Yes _____ No _____

Are any objects displayed outside: Yes _____ No _____

Part VII: Security

Do you have a 24 hour security guard: Yes _____ No _____

Are security personnel stationed at all entrances and exits to the building during open hours:

Yes _____ No _____

Do you have a 24 electronic security alarm system in operation throughout the building:

Yes _____ No _____

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

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

Part VIII: Other

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

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: _____