

IJU Agency Ltd.

Art Dealers 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: _____

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: Inventory Information

Are the conditions 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 _____

Type of art: Antique _____ Masters _____ Contemporary _____
Pre-Columbian _____ Sculpture _____

Percentage Breakdown of Inventory:

Antique Clock	%	Photographs	%
Antique Jewelry	%	Sculptures – Fragile	%
Breakables (Ceramics, Glass, Mirror...)	%	Sculptures – Non Fragile	%
Furniture	%	Silver	%
Drawings	%	Tapestries, Rugs, Fabrics	%
Paintings	%		%

Do you keep a detailed and itemized record of your inventory: Yes _____ No _____

Do you keep a record of sales made: Yes _____ No _____

Do you keep a record of inventory purchased: Yes _____ No _____

Do you maintain inventory off-site: Yes _____ No _____

If Yes, please explain:

What is the valuation basis for establishing the value of your inventory:

Do you attend and/or participate in exhibitions/tradeshows: _____

How do you transport goods to and from the exhibitions/tradeshows: _____

Part IV: Business Information

Construction Type: Fire-Resistive _____ Noncombustible _____ Frame _____

Year Completed, or Redone: Wiring _____ Plumbing _____ Roofing _____
Heating _____

Is covered property stored in a basement: Yes _____ No _____

If Yes, please explain:

Is there a history of a back-up drain and/or a sewer: Yes _____ No _____

Is the building protected by a fire and/or smoke detector alarm system: Yes _____ No _____

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Telephone: 1(212)575-1860. Fax: 1(212)575-1897. Email: Info@IJUAgency.com

Does your alarm system ring to a central system: Yes _____ No _____

Does your business have a security system: Yes _____ No _____

If Yes, what company/type: _____

Do you have an electric security alarm system in operation throughout the building: _____

Does your electronic alarm system ring to a central station: Yes _____ No _____

Does your electronic alarm system have polling, is yes, how often does it poll: _____

Is there more than one employee present at all times: Yes _____ No _____

Does your business have a security guard on premises: Yes _____ No _____

Is a member of the staff always in a position to view the entire gallery, as well as the entrance / exit:

Yes _____ No _____

How many staff members have keys to the exterior doors: _____

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: _____