COMMERCIAL INSURANCE APPLICATION

PROPOSED EFFECTIVE DATE: _____

GENERAL INFORMATION

Business Name: _____

Mailing address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ FEIN #: _____

Telephone Number: _____ Fax Number: _____

E-mail Address: _____ World Wide Web Address: _____

Years in Business: _____ Years Experience: _____ Entity: ☐ Individual ☐ Partnership ☐ Corporation

☐ Other: _____

Description of business/operations (Include Brochures): _____

_____

Annual Revenue (Gross): $_____ ☐ Museum ☐ Art Gallery ☐ Conservator ☐ Art Dealer ☐ Wholesale

☐ Retail ☐ Other (describe): _____

Liability Limit Requested: ☐ **$1,000,000/$2,000,000** ☐ **$2,000,000/$4,000,000**

LOCATION INFORMATION

Primary location address: _____

(if multiple locations used for your business, complete additional location application attached)

Interest of Insured: ☐ Owner/Occupant ☐ Lessor ☐ Tenant

Construction of building: ☐ Frame ☐ Joisted Masonry ☐ Masonry Non-Combustible ☐ Non-Combustible ☐ Fire Resistive

Building Age*: _____ Number of Stories: _____ Total Area (SF): _____ Sprinklers: ☐ Yes ☐ No

*If Building over 30 years, date and extent of renovation or upgrades for:

Wiring: _____ Plumbing: _____ Heating: _____ Roof: _____

Square Foot Occupied: _____ Occupancy: ☐ Retail ☐ Wholesale ☐ Storage ☐ Office

Other Occupancies: _____

Building Limit: $_____ Contents Limit (Excluding Fine Art) $_____

Business Income/Extra Expense: $_____ Rental Income: $_____

Computer Hardware: $_____ Software: $_____ Accounts Receivable: $_____

Mortgage Company/Landlord/Loss Payee (Name & Address), include item for reference/Loan or Account #:

_____

_____

Certificate Holders/ Additional Insureds (Name & Address) Include project or reason:

_____

_____

Safe on Premises? ☐ Yes ☐ No Exterior Doors with Deadbolts? ☐ Yes ☐ No

Frequency of Bank Deposits: _____

Exterior Lighting: ☐ Front ☐ Back Wire Mesh or Bars: ☐ Doors ☐ Windows

Security Guards? ☐ Yes ☐ No Alarms: ☐ Fire ☐ Burglary

Type: ☐ UL Central Station ☐ Line Security ☐ Police Department Connection

☐ UL Local Monitoring Company: _____

UL Certificate Number: _____ Expiration Date: _____

IMPORTANT: PLEASE CHECK THE APPROPRIATE BOXES BELOW IF YOU WISH TO OBTAIN A QUOTE FOR ANY OR ALL OF THE FOLLOWING COVERAGES:

☐ Earthquake Insurance ☐ Flood Insurance ☐ Cyber Liability Insurance

WORKERS' COMPENSATION

Required by State Law if you have Employees (Complete for each classification of duties)

Classification	# of Employees	Annual Remuneration
Art/Retail		
Art/Wholesale		
Clerical/Office		
Outside Sales		
Museum Professionals		
Museum/Others (security)		
Other:		
Officers (if Corporation)		

ERISA BOND/EMPLOYEE DISHONESTY

Limit Requested: ☐ **$10,000** ☐ **$25,000** ☐ **$100,000** ☐ **$500,000** ☐ **Other:** _____

Pension Plan (401K) Name: _____ **Current Plan Assets: $**_____

UMBRELLA LIABILITY

Umbrella Liability Option: ☐ **$1,000,000** ☐ **$2,000,000** ☐ **$3,000,000** ☐ **$5,000,000** ☐ **Other:** _____

OTHER GENERAL INFORMATION

Current Insurance: *(If no insurance is in force, please explain and detail any possible losses or claims that might have been covered under a policy. If there has been no such losses, please state "No Known Losses." Should be on letterhead and signed by owner/officer.***)**

Type of Policy	Insurance Company	Policy Number	Expiration Date	Premium
Package/BOP				
Fine Arts				
Worker's Comp				
Umbrella				
Automobile*				

**Automobiles – For owned autos, please ask for separate application.*

Loss History: *(Attach Loss History from prior carrier, if available, or use separate sheet for loss details.)*

Date of Loss	Type of Loss/Description	Amount Paid	Open/Closed

New York Fraud Statement

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRADULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Signature: _____ Title: _____ Date: _____

PLEASE SIGN AND RETURN TO:

A-13190-0518