

## APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_  
 Existing Great American Policy number or prior Insurer \_\_\_\_\_

## LIMITS OF INSURANCE (for fine arts)

Location #	Address	Limit of Insurance
1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

(90% Coinsurance applies)

Attach schedule of additional locations, if necessary.

Property at any unscheduled location \$ \_\_\_\_\_

Property in Transit \$ \_\_\_\_\_

All Property in any one loss occurrence \$ \_\_\_\_\_

Deductible Amount \$ \_\_\_\_\_

## OPTIONAL COVERAGE

Earthquake & Volcanic Eruption Coverage  
 Flood Coverage:  Limited Form  Include Surface Water  Broad Form

## INFORMATION ABOUT THE OPERATION

Are there other operations besides a museum (e.g. gift shop, restaurant, etc.)?  Yes  No  
 If yes, describe and give location number(s) applicable \_\_\_\_\_

Annual Gross Sales from other operations- past 12 months \$ \_\_\_\_\_ expected next 12 months \$ \_\_\_\_\_

Number of Fine Arts - Average (based upon value) for past 12 months was approximately:

Paintings, drawings, etchings, pictures _____ %	Antique furniture _____ %
Statuary, marbles, bronzes _____ %	Antique silver & gold* _____ %
Porcelains, art glass, bric-a-brac _____ %	Jewelry* _____ %
Rare books, manuscripts, documents _____ %	Precious/semi-precious stones* _____ %
Oriental rugs* & tapestries _____ %	Other _____ %

\* Location(s) # \_\_\_\_\_ have precious metals or alloys, jewelry, precious/semi-precious stones; (Separate coverage form or endorsement may be required, if coverage is desired.)

In the past 12 months, what was:

The date of the last complete inventory & amount Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

The average value of all property of others in your care or custody \$ \_\_\_\_\_

The average value of all you property in the custody of others \$ \_\_\_\_\_

The number of exhibits (not on your premises) at which you had fine arts  
 Per exhibition: Average Value \$ \_\_\_\_\_ Average duration \_\_\_\_\_ days

Is there always a contract that holds exhibitor responsible for loss?  Yes  No

Property in Transit - Is Full Value is declared to carriers and U.S. Postal Service?  Yes  No

Shipped Via	Estimated annual values
Your own or employees' vehicles	\$ _____
Parcel Delivery service	\$ _____
Specialized Fine Arts carrier	\$ _____
Other public carrier for hire	\$ _____
Registered mail	\$ _____
TOTAL annual values shipped	\$ _____

Please attach a Location Information page for each location; if any losses occurred at other than the scheduled locations, please attach a page showing date, amount of loss paid, deductible and cause of such losses.

# FINE ARTS MUSEUM LOCATION INFORMATION

*Please complete a separate Location Information page for each location listed on page 1*

## APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_ Location # \_\_\_\_\_

Are there any occupancies other than the museum at this location?      Yes      No  
 If yes, describe \_\_\_\_\_

## BUILDING CONSTRUCTION

**Wood Frame**                      **Joisted Masonry**                      **Steel**                      **Masonry Non-combustible**                      **Fire resistive**  
**Other (describe)** \_\_\_\_\_

## PROTECTIVE SAFEGUARDS

Within city fire protection      Yes      No      Automatic Sprinkler System      Yes      No  
     Sprinkler Alarm is      local      Central reporting station  
 Burglar Alarm System      Yes      No      includes Hold-up buttons      Yes      No  
     Burglar Alarm is      local      Central reporting station with line security

Other (describe) \_\_\_\_\_

The system protects the      Entire Premises                      Entire perimeter                      Openings only

The Alarm System Installation has U.L. Certification Number \_\_\_\_\_

Safe OR      Vault at the premises is capable of storing fine arts      Yes      No

SMNA or UL Burglary Label      \_\_\_\_\_ on      Safe      Vault door

What % of the values are in the safe/vault when not open for business?      \_\_\_\_\_ %

The safe/vault is protected by a separate burglar alarm system      Yes      No

The system is      Partial OR      Complete (all sides)

U.L. Certificate Number \_\_\_\_\_

Watchman Protection - when closed at least # \_\_\_\_\_ watchman/watchmen are on duty  
 If any, describe (make rounds on a clock, reports to central station, monitors closed circuit TV, etc.) \_\_\_\_\_

Employees/Owners/Attendants/Guard(s) Minimum number present when  
 the premises are open to the public \_\_\_\_\_, when opening or closing \_\_\_\_\_

## LOSS HISTORY at this location for the past three years

Date	Amount Paid	Deductible Amount	Cause of Loss
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

Number of years at this location \_\_\_\_\_ What steps have been taken to prevent a recurrence? \_\_\_\_\_

Has any insurer cancelled or declined to renew your insurance?      Yes      No  
 If yes, explain \_\_\_\_\_

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

**Applicant's Signature** \_\_\_\_\_  
 Date \_\_\_\_\_

**Agent's Signature** \_\_\_\_\_  
 Date \_\_\_\_\_

Policies may be underwritten by Great American Insurance Company, Great American Alliance Insurance Company, Great American Insurance Company of New York, or Great American Assurance Company. Licensing authority varies by state.