



Red Shield Insurance Company®

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Portland, OR 97205-1945
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FINE ARTS DEALERS & COLLECTORS APPLICATION

Policy #	Proposed Effective & Expiration Date From: _____ To: _____	Status of Submission <input type="checkbox"/> Quote <input type="checkbox"/> Bind <input type="checkbox"/> Issue	Agent Code
Applicant's Name		Agent Name	
Mailing Address		Agent Address	
		Agent Phone	
Applicant's Phone # Home:	Work: Cell:	Have you insured this account before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Applicant Social Security #	Applicant's Occupation / DBA	Billing Status <input type="checkbox"/> Agency Bill <input type="checkbox"/> Direct Bill (Direct Bill requires full premium or installment plan down payment)	
Years in Business	Years of Experience	Company Financing Requested? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, <input type="checkbox"/> 8 Pay <input type="checkbox"/> 10 Pay (20% down payment required)	
Type of Business <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Joint Venture <input type="checkbox"/> Partnership <input type="checkbox"/> Other			
Business Description:			
Accounting Records Name: Contact Phone:		Inspection Records Name: Contact Phone:	

PREMISES INFORMATION – Scheduled Locations

LOC #	ADDRESS	YEAR BUILT	LIMIT

FOR EACH SCHEDULED LOCATION, PLEASE PROVIDE THE FOLLOWING (attach addition sheets for multiple locations)

Construction Type:			
Percentage of Building that is sprinkled:		%	
Type of System: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Pre-Action <input type="checkbox"/> Cross-Zoned to Fire/Smoke Detection System			
Which areas are protected by the sprinkler system?			
Number of portable fire extinguishers:			
Type (select): <input type="checkbox"/> Carbon Dioxide <input type="checkbox"/> Dry Chemical <input type="checkbox"/> Foam <input type="checkbox"/> Halon <input type="checkbox"/> Acid <input type="checkbox"/> Other			
Other private fire protection (fire extinguishers, private water supply, etc)			
Number of Stories:	Total Square Footage:	Public Protection Class:	
Ages / Updates: Wiring: Roof: Plumbing: HVAC:			
If any locations are leased, who is responsible for building and system maintenance? <input type="checkbox"/> Owner <input type="checkbox"/> Insured			

Identify and describe other tenants' operations:	
Are any locations in a flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Flood zone:
Controls to limit exposure:	
Is there a history of back-up of drain/sewer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a floor drain? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are any locations in an earthquake zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Earthquake zone:
Controls to limit exposure:	

EMPLOYEES AND SECURITY

Total number of employees: Full Time Part Time	Bonding Company:
Name of Director/Dealer:	Experience:
Who is responsible for security during business hours?	
Who is responsible for training employees?	
Who is responsible for receiving and releasing art?	
Who is responsible for packing/unpacking art?	
Who is responsible for installation/hanging?	
Are security personnel at entrances/exits during open hrs? <input type="checkbox"/> Y <input type="checkbox"/> N	Do doors have controlled entry/exit systems? <input type="checkbox"/> Y <input type="checkbox"/> N
Can staff view entire gallery & entrances/exits at all times? <input type="checkbox"/> Y <input type="checkbox"/> N	How many staff members have keys to exterior doors?
Is there an emergency disaster plan? <input type="checkbox"/> Y <input type="checkbox"/> N	How frequently is staffed trained for emergencies?
Describe how and where objects stored when not on display:	
What procedures are observed in the case of theft or vandalism?	
Is an electronic security alarm system in operation? <input type="checkbox"/> Y <input type="checkbox"/> N	
Are all exterior openings secured and alarmed? <input type="checkbox"/> Y <input type="checkbox"/> N	
Types of detection equipment (select): <input type="checkbox"/> Magnetic Contacts <input type="checkbox"/> Photo Ray <input type="checkbox"/> Ultrasonic <input type="checkbox"/> Sound <input type="checkbox"/> Motion <input type="checkbox"/> Infrared <input type="checkbox"/> Pressure <input type="checkbox"/> CCTV w/Recording	

PROPERTY ON PREMISES – Please provide a copy of your Consignment Agreement

Property consists of: <input type="checkbox"/> Contemporary Works <input type="checkbox"/> Rare or Antique Works	
Covered Property includes: <input type="checkbox"/> Paintings/Etchings/Prints <input type="checkbox"/> Tapestries/Rugs/Fabrics <input type="checkbox"/> Pottery/Art Glass/Ceramics <input type="checkbox"/> Wood/Bone Carvings <input type="checkbox"/> Sculpture/Statuary <input type="checkbox"/> Antiques/Historical <input type="checkbox"/> Books/Manuscripts <input type="checkbox"/> Photography	
Average value of a single item:	Maximum value of a single item:
Do you maintain an itemized inventory, including all sales, purchases and acquisitions? <input type="checkbox"/> Y <input type="checkbox"/> N Date of last inventory:	
Are duplicate records/inventory maintained off-site: <input type="checkbox"/> Y <input type="checkbox"/> N	What is the frequency of back-up? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly
Is all inventory appraised? <input type="checkbox"/> Y <input type="checkbox"/> N	Are appraisals available? <input type="checkbox"/> Y <input type="checkbox"/> N
Who provides appraisals?	
How is valuation determined?	

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

RED SHIELD INSURANCE COMPANY, AT ITS OPTION, WILL VERIFY RISK LOSS EXPERIENCE

This notice is to inform you that in connection with this application for insurance an investigation may be made as to your insurability including, if applicable, information as to character, general reputation, personal characteristics, finances, and mode of living. Upon written request from you, we will provide additional information as to the nature and scope of any investigation.

APPLICANT'S SIGNATURE _____ Date _____

The undersigned Producer agrees to be responsible for any earned premiums developed from the binding of this application. Producer has reviewed this application fully with the applicant and, to the best of the producers ability, is confident that all information given is truthful and complete.

PRODUCER'S SIGNATURE _____ Date _____