

Quaker Special Risk

FINE ART COLLECTION INSURANCE

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Location(s) of Collection _____

City _____ State _____ Zip Code _____

Location of County _____

Is location (1) Office Bldg _____	(2) Residence _____	(3) Warehouse _____
Year Built _____	No. of Families _____	(4) Office Bldg _____
Construction _____	Apt. Floor _____	Office Floor _____

Security - indicate type of protection (1) Central Station _____ Local Only _____

Burglar _____ Fire _____ Both _____

Brand name of alarm _____

(2) Locks (type): Doors _____ Windows _____

Smoke Detectors _____ How many _____ Fire Extinguishers _____ How many _____

Approximate distance to (1) Police Station _____ (2) Fire Dept. _____ (3) Hydrant _____

Value of art at this location(s): _____ Are there any outdoor sculptures? ___ Value _____

How are outdoor sculptures protected against theft/vandalism?

How and where (within the location to be insured) is artwork displayed? _____

If displayed in a public space, how are objects protected from damage?

Are current appraisals available? (Less than three years old)?

Any losses in the last 5 years? If yes, please list below any losses, whether covered by insurance or not:

P.O. Box 1350
Eatontown, New Jersey 07724
P: (732) 447-4180
F: (732) 223-9072

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Are you presently insured? _____ Name of company (ies) _____

Have you had any insurance non-renewed, cancelled, or denied by any insurance company? _____

If yes, please explain fully: _____

Attach the schedule of art work to be insured

Signed: _____

Telephone No. _____

Date: _____

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