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# Private / Corporate Fine Art Collection Coverage Application

## GENERAL INFORMATION

Name of Applicant:	
Mailing Address:	
Telephone:	
Fax:	
Email:	
Occupation of Applicant:	

## LIMIT OF INSURANCE REQUESTED AT EACH LOCATION

List all locations where property is located:

	Address	Limit Requested
Location 1		
Location 2		
Location 3		

Are you requesting coverage for any items located outdoors? If so, please identify these items:	
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## CONSTRUCTION

Select for each: Adobe, Brick, Concrete, Glass, Safety Glass, Steel, Stone, Wood, Fabric / Carpet, Other

	Location 1	Location 2	Location 3
Exterior Walls			
Interior Walls			
Floors			
Ceilings			
Structural Support			

ISO Construction code:			
What year was the house/apartment building built?			
How many floors are in the building?			
Which floor is insured's unit on?			



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**FIRE PROTECTION**

	Location 1	Location 2	Location 3
Is the entire building protected by a fire and/or smoke detection /alarm system? If no, describe areas not protected.			
Is the alarm system listed and installed according to UL specifications?			
How often is the system checked?			
Does your alarm system ring to a central station? If so, who is the monitoring company?			
Do you have portable fire extinguishers? If yes, what type? (Carbon Dioxide, Dry Chemical, Foam, Halon, Acid, Other)			

**EXPOSURE**

	Location 1	Location 2	Location 3
How are outdoor sculptures secured?			
How are indoor sculptures secured?			
How are paintings hung? (Loops? Brackets? On Wall? From Soffit?)			
Who is responsible for hanging and securing works of art?			
Where is collection stored when not on display?			
Will insured agree to an inspection of the premises and artwork by a company representative or designee?			

**SECURITY**

	Location 1	Location 2	Location 3
Type of structure (Single-family home, apartment, co-op/condo, gated community, etc.)			
If an apartment, does the location have a full-time doorman and security?			
Who has keys to the apartment unit doors?			
Is the property unattended			



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for long periods of time? If, yes, explain.			
How often does the applicant travel?			
Are special instructions given to third parties regarding the care and handling of the collection?			
Employment of live-in help?			

**ELECTRONIC SECURITY**

	Location 1	Location 2	Location 3
Do you have an electronic security alarm system in operation throughout the house?			
What types of detection equipment are in operation? (Magnetic Contact, Photo ray, Ultrasonic, Sound, Motion, Infrared, Pressure, CCTV with recording, etc)			
Does your electronic alarm system ring to a central station? If so, who is the monitoring company?			
Are all exterior openings secured and alarmed?			

**SAFES / VAULT (Jewelry Coverage)**

	Location 1	Location 2	Location 3
Do you have a safe?			
It is U. L. rated? If so, what is the rating?			
What is the location of the safe?			
Who has access to the safe?			
Is the safe separately alarmed?			
Do you keep the jewelry to be covered in the safe except when worn?			
Do you regularly have jewelry checked by a jeweler to ensure all mountings are in good repair? When was this last done?			



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### **COLLECTION DOCUMENTATION**

Invoices or copies of the most recent appraisals showing dates and appraisers' qualifications must be submitted which state:

- Name of artist or maker (where relevant)
- Title of object
- Date
- Measurements
- Material



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**HURRICANE/WINDSTORM COVERAGE**

	Location 1	Location 2	Location 3
How far away is the property from water?			

If property is within 5 miles of coastal body of water:

Are there permanent shutters or high-impact resistant glass on all windows of the home? If so, which?			
Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal residences or long vacations?			
Are there hurricane straps holding the roof to the rafter?			
If the roof is Spanish tile, are clips in place?			
Is there a backup generator for the climate control system or fan in private homes located less than one mile from the intercoastal or ocean?			
Is the back-up generator located off the ground?			
Does Insured have storm closet(s) in the home?			

**Emergency Plan**

Is Insured ready to move			
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art to safe location in the event of Hurricane watch?			
Where is this location?			
Is it an art specialty warehouse?			
Does Insured have a list with emergency contact numbers?			
Is the household help aware of the emergency plan?			

Protection against mold exposure in Florida

Are air conditioning systems operating at all times to protect against mold growth?			
In the event of a power outage, have arrangements been made with someone to put the air conditioner back in operation once power is restored?			

**EARTHQUAKE COVERAGE**

Dwelling/Structure	Location 1	Location 2	Location 3
When was date of construction? Subsequent renovations?			
Material of construction?			
Stilt or Slab foundation?			
Is the structure retrofitted in accordance with California Building Code?			

The Collection	Location 1	Location 2	Location 3
Any Earthquake mitigation techniques for the collection?			
What percentage of collection is fragile/breakable?			
Please describe mitigation techniques.			
Was collection professionally mitigated? If yes, please request documentation.			

Framed works on walls	Location 1	Location 2	Location 3
Are framed works hung on more than one nail?			
Are framed works hung			



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w/weight rated hooks?			
Are your framed works covered with Plexiglas rather than glass (except for pastels, charcoals and chalks)			

Furniture/Sculptures	Location 1	Location 2	Location 3
Are tall, unstable pieces of furniture secured to the wall or floor?			
Are bookshelves secured to the wall?			
Are shelves in display cases fastened in place?			
Are sculptures secured to their bases			
Are the bases secured to the floor?			

Decorative Arts	Location 1	Location 2	Location 3
Are decorative items on tables/shelves secured to the surface with adhesive or mounts?			
Are decorative items in display cases secured to the surface?			

**LOSS HISTORY**

Please include all information for the past five years.

	Description of loss	Amount of loss	Date
Loss 1			
Loss 2			
Loss 3			
Loss 4			

Has the Applicant filed for personal bankruptcy in the past 10 years?	
Has the Applicant's business filed for bankruptcy in the past 10 years?	
Name of current Insurance Carrier :	

**PRODUCER QUESTIONS**

How long have you known the applicant?	
Do you handle any other lines of insurance for the applicant?	



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## FRAUD STATEMENTS / SIGNATURE

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating



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circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

<b>Producer's signature</b>	<b>Producer's name (please print)</b>	<b>State producer license No. (required in Florida)</b>
<b>Applicant's signature</b>	<b>Date</b>	<b>National producer number</b>