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# Dealer Insurance Application

## GENERAL INFORMATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

List all locations where property to be insured is regularly located: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## LIMITS OF INSURANCE

	Location 1	Location 2	Location 3
1. Limit of Insurance for Premises	\$ _____	\$ _____	\$ _____
2. Limit of Insurance at Other Locations	\$ _____	n/a	n/a
3. Limit of Insurance While in Transit	\$ _____	n/a	n/a

## OPERATION

Name of Director \_\_\_\_\_

Number of years in operation \_\_\_\_\_

If less than 5 years, then list previous experience \_\_\_\_\_

## INVENTORY

Type of Fine Art (Masters, Contemporary, Antiques, Pre-Columbian, etc.) \_\_\_\_\_

Percentage Breakdown of Inventory \_\_\_\_\_

Professional Affiliations \_\_\_\_\_

- |                                       |                                |                       |
|---------------------------------------|--------------------------------|-----------------------|
| _____ Paintings                       | _____ Drawings                 | _____ Photography     |
| _____ Sculptures – Fragile            | _____ Sculptures – Non-fragile | _____ Antique Jewelry |
| _____ Breakable– glass, ceramics etc. | _____ Silver                   | _____ Furniture       |
| _____ Tapestries, Rugs, Fabrics       |                                |                       |

Where are objects stored when not on display? \_\_\_\_\_

**EMPLOYEES**

- Do all employees handle Covered Property? \_\_\_\_\_
- Are employees supervised or trained in the handling of Covered Property? \_\_\_\_\_
- Are employees responsible for security during normal business hours? \_\_\_\_\_
- Who is responsible for packing and unpacking Covered Property? \_\_\_\_\_
- Who is responsible for the receiving and releasing Covered Property? \_\_\_\_\_

**BUILDING CONSTRUCTION**

Location 1

Location 2

Location 3

Select for each : Adobe, Brick, Glass, Safety Glass, Steel, Stone, Wood, Fabric / Carpet, specify other)

- |   |       |       |       |
|---|-------|-------|-------|
| 1. Exterior Walls   | _____ | _____ | _____ |
| 2. Interior Walls   | _____ | _____ | _____ |
| 3. Floors   | _____ | _____ | _____ |
| 4. Ceilings   | _____ | _____ | _____ |
| 5. Structural Support   | _____ | _____ | _____ |
| 6. Number of floors   | _____ | _____ | _____ |
| 7. What floor are you on?   | _____ | _____ | _____ |
| 8. Is Covered Property stored in a basement?                                      | _____ | _____ | _____ |
| 9. If so, then describe basement inventory?                                       | _____ | _____ | _____ |
| 10. What is the smallest distance between the lowest storage shelf and the floor? | _____ | _____ | _____ |
| 11. Is there a floor drain?   | _____ | _____ | _____ |
| 12. Is there a history of back-up of drain and / or sewer?                        | _____ | _____ | _____ |

**FIRE PROTECTION**

Location 1

Location 2

Location 3

- |  |       |       |       |
|--|-------|-------|-------|
| 1. Is the entire building protected by a fire and/or smoke detection /alarm system?<br>If no, describe area not protected:   | _____ | _____ | _____ |
| 2. Is the alarm system listed and installed according to UL specifications?  | _____ | _____ | _____ |
| 3. How often is the system checked?  | _____ | _____ | _____ |
| 4. Does your alarm system ring to a central station?   | _____ | _____ | _____ |
| 5. Sprinkler system on premises: (select one)<br>Wet Pipe, Dry Pipe, Pre-action, Cross-zoned to fire/smoke detection system. | _____ | _____ | _____ |
| 6. Which areas are protected by the sprinkler system?  | _____ | _____ | _____ |
| 7. Portable fire extinguishers (select)<br>Carbon Dioxide, Dry Chemical, Foam, Halon, Acid, Other                            | _____ | _____ | _____ |

<b>SECURITY</b>	Location 1	Location 2	Location 3
1. Are security personnel stationed at all entrances and exits to the building during open hours?	_____	_____	_____
2. Do these doors have a controlled entry/exit system?	_____	_____	_____
3. Does the person controlling entry have a clear view of the person(s) wishing entry?	_____	_____	_____
4. Is a member of the staff always in position to view the entire gallery as well as the entrance/exit?	_____	_____	_____
5. How many staff members have keys to exterior doors?	_____	_____	_____
6. Do you have an emergency disaster plan? If so, how frequently is the staff trained regarding this plan?	_____	_____	_____
7. What emergency procedures are observed in the case of theft or vandalism?	_____	_____	_____

<b>ELECTRONIC SECURITY</b>	Location 1	Location 2	Location 3
1. Do you have an electronic security alarm system in operation throughout the building?	_____	_____	_____
2. What types of detection equipment are in operation? (select) Magnetic Contact, Photo ray, Ultrasonic, Sound, Motion, Infrared, Pressure, CCTV with recording	_____	_____	_____
3. Does your electronic alarm system ring to a central station?	_____	_____	_____
4. Are all the building's exterior openings secured and alarmed?	_____	_____	_____

**EXPOSURE**

Please provide a copy of your consignment agreement.

1. Average value at risk \_\_\_\_\_
2. Maximum Value of a single item \_\_\_\_\_
3. Do you keep a detailed and itemized inventory? \_\_\_\_\_
4. Do you keep a record of purchases? \_\_\_\_\_
5. Do you keep a record of sales? \_\_\_\_\_
6. When was the last date of inventory? \_\_\_\_\_
7. What was the total value of inventory from that date? \_\_\_\_\_
8. Do you maintain a duplicate inventory off-site? \_\_\_\_\_
9. What valuation basis was used for establishing the value? \_\_\_\_\_

## HURRICANE / WINDSTORM COVERAGE

### Location

1. How far away is the property from water? \_\_\_\_\_

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

2. Are there permanent shutters or high-impact resistant glass on all windows of the home? \_\_\_\_\_

3. Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal residences or long vacations? \_\_\_\_\_

4. Are there hurricane straps holding the roof to the rafter? \_\_\_\_\_

5. If the roof is Spanish tile, are clips in place? \_\_\_\_\_

6. 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? \_\_\_\_\_

7. Is the back-up generator located off the ground? \_\_\_\_\_

8. Does Insured have storm closet(s) in the home? \_\_\_\_\_

### Emergency Plan

9. Is Insured ready to move art to safe location in the event of Hurricane watch? \_\_\_\_\_

10. Where is this location? \_\_\_\_\_

11. Is it an art specialty warehouse? \_\_\_\_\_

12. Does Insured have a list with emergency contact numbers? \_\_\_\_\_

13. Is the household help aware of the emergency plan? \_\_\_\_\_

### Protection against mold exposure in Florida

14. Are air conditioning systems operating at all times to protect against mold growth? \_\_\_\_\_

15. 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

1. When was house/apt. building built? \_\_\_\_\_

2. Single dwelling or apartment, if so what floor? \_\_\_\_\_

3. Material of construction? \_\_\_\_\_

4. Stilt or Slab foundation? \_\_\_\_\_

5. Is the structure retrofitted in accordance with California Building Code? \_\_\_\_\_

### The Collection

6. Any Earthquake mitigation techniques for the collection? \_\_\_\_\_

7. What percentage of collection is fragile/breakable? \_\_\_\_\_

8. Please describe mitigation techniques. \_\_\_\_\_

9. Was collection professionally mitigated? If yes, please request documentation \_\_\_\_\_

**Framed works on the wall**

- 10. Are framed works hung on more than one nail? \_\_\_\_\_
- 11. Are framed works hung w/weight rated hooks? \_\_\_\_\_
- 12. Are your framed works covered with Plexiglas rather than glass (except for pastels, charcoals and chinks) \_\_\_\_\_

**Furniture/Sculptures**

- 13. Are bookshelves secured to the wall? \_\_\_\_\_
- 14. Are shelves in display cases fastened in place? \_\_\_\_\_
- 15. Are Sculptures secured to their bases \_\_\_\_\_
- 16. Are the bases secured to the floor? \_\_\_\_\_
- 17. Are tall, unstable pieces of furniture secured to the wall or floor? \_\_\_\_\_

**Decorative Arts**

- 18. Are decorative items on tables/shelves secured to the surface with adhesive or mounts? \_\_\_\_\_
- 19. Are decorative items in display cases secured to the surface? \_\_\_\_\_

**SHIPMENTS**

**Domestic Sending**

- 1. Annual Volume of incoming shipments \_\_\_\_\_
- 2. Annual Volume of outgoing shipments \_\_\_\_\_
- 3. Please provide a list of carriers that you use for shipping \_\_\_\_\_
- 4. Who is responsible for packing and shipping? \_\_\_\_\_
- 5. Who is responsible for installation? \_\_\_\_\_
- 6. Who is responsible for de-installation? \_\_\_\_\_
- 7. Does the responsible person require any qualifications in order to do this job? \_\_\_\_\_
- 8. When an item is received via transit, is the item immediately inspected? If not, what is the length of time until it is inspected? \_\_\_\_\_
- 9. Are personal conveyances used for transit? If so, is your vehicle alarmed? \_\_\_\_\_

**Overseas Sending**

- 10. Annual Volume of incoming shipments \_\_\_\_\_
- 11. Annual Volume of outgoing shipments \_\_\_\_\_

**SALES**

**Annual sales for the last three years**

- 19 \_\_\_\_\_ \$ \_\_\_\_\_
- 19 \_\_\_\_\_ \$ \_\_\_\_\_
- 20 \_\_\_\_\_ \$ \_\_\_\_\_

**LOSS HISTORY**

**For the last five years**

Description of loss \_\_\_\_\_

Amount of loss \_\_\_\_\_ Date \_\_\_\_\_

Producer, how long have you known the applicant? \_\_\_\_\_

Do you handle any other lines of insurance for the applicant? \_\_\_\_\_

**SIGNING THIS FORM DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURANCE**

Applicants' Signature \_\_\_\_\_

Position: \_\_\_\_\_

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