

FINE ART DEALERS/AUCTIONEERS QUESTIONNAIRE

All questions must be answered fully. If a particular question does not apply, write "N/A".

1. Applicant: _____
(Include names of all subsidiary firms of corporation to be insured.)

2. Business Address: _____
 - (a) Floor on which premises located? _____
 - (b) Number of entrances open to public: _____ Not open to public: _____
 - (c) Number of show windows: _____
 - (d) Construction of the building (frame, masonry, fire-resistive): _____
 - (e) Distance to fire hydrant: _____
 - (f) Distance to fire station: _____
 - (g) NB Fire Protection Class: _____
 (NOTE: If more than one address involved, complete answers to questions 2, 4 and 6 on a separate statement.)

3. Effective Date: From: _____ To: _____

4. Percentage of principal stock and unrelated stock averaged over the past twelve months:

(a) Antiques	_____ %
(b) Art Works and Accessories	_____ %
(c) Hand-crafted Items and Accessories	_____ %
(d) Stock unrelated to principal stock	_____ %
(e) Property considered of a fragile nature	_____ %

5. (a) Total gross sales during the preceding twelve months \$ _____
 - (b) 1. The highest merchandise inventory during the past twelve months was taken on (give date) _____ and was exactly \$ _____
 2. The average value of property of others during the past twelve months in the custody of the insured at any one time including average accrued charges outstanding was \$ _____

- (c) Aggregate amount of insurance requested \$ _____
(NOTE: The policy contains a 100% coinsurance clause applicable to aggregate value of property at all places excluding transit.)

- (d) Do you request deletion of form exclusion 6 "Breakage"? (If yes, Paragraph 4 (e) above must be answered.)

6. Optional deductible desired \$ _____ (MINIMUM DEUCTIBLE \$1,000)



Headquarters
70 Essex Road
Westbrook, CT 06498
860.399.2047

New Hampshire Office
1117 Elm Street
Manchester, NH 03101
800.882.5414

Other Locations
Concord, NC
Lewis Run, PA
Discovery Bay, CA

7. Limit of Liability required:

- (a) Premises of the insured \$ _____
- (b) On trial, approval or consignment \$ _____
- (c) On exhibit \$ _____
- (d) In transit \$ _____

8. Do you maintain:

- (a) Underwriters Laboratories certified burglar alarm system responding to a central station or a police station? Yes No
- (b) Watchman service responding to a central station or a police station? Yes No
- (c) Burglar alarm system with outgoing gong or siren? Yes No

9. Has any company refused or canceled insurance? Yes No If yes, please explain:

10. List any losses sustained during the past three years:

11. Form to be used (check one):

- Flat Annual
- Monthly Reporting (Minimum \$500 Premium)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY 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 Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____