



NEW ENGLAND INSURANCE SERVICES, INC.

P. O. BOX 63 ~ WEATOGUE, CT 06089
1-888-845-8288

MUSEUM INSURANCE APPLICATION

GENERAL INFORMATION

Name and Mailing Address of Applicant:
[Empty form fields]

Covered Location(s):
[Empty form fields]

Telephone Number:
[Empty form field]

Email Address:
[Empty form field]

LIMITS OF INSURANCE

Other Locations and Transit Limit are 25% of the Premises Limit unless otherwise requested below. Other Location Limit applies to locations not exceeding 90 days; otherwise, all such locations must be scheduled.

Table with 2 columns: Insurance Category, Limit (\$), Deductible (\$). Rows include Covered Premises, Other Locations, and While In Transit.

EXPOSURE

Form with fields for: Total value of collection including owned property and long-term loans: \$, Number of exhibitions off-premises, Total value of property at exhibitions off-premises: \$, Is covered property stored in a basement?, Is there a history of water back-up from a drain and/or sewer?

COLLECTION

Form with fields for: Is your institution AAM accredited?, If not, does your staff receive training for packing and shipping?, Is the condition of objects in storage inspected on a regular basis?, When an item is received via transit, is the item immediately inspected?, Do you maintain records on internal relocation of objects?, Do you use a certified appraiser for the evaluation of your works of art?

Are your works of art appraised regularly at least once every five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have off-sight storage of your collection records?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any objects displayed outside? If so, how are these items secured? <input type="checkbox"/> Security Patrol <input type="checkbox"/> Bolting <input type="checkbox"/> Lighting <input type="checkbox"/> Signage <input type="checkbox"/> Fencing <input type="checkbox"/> Other If Other, please describe:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### CONSTRUCTION

Fire Resistive <input type="checkbox"/> Non-combustible <input type="checkbox"/> Frame <input type="checkbox"/>		
Year Built		
<b>Building Improvements:</b>		
Wiring (year)		
Roofing (year)		
Plumbing (year)		
Heating (year)		
Was the building originally designed for use as a museum? If not, what was the original use of the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### FIRE PROTECTION

Is the building protected by a fire and/or smoke detection/alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your alarm system ring into a central station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an automatic sprinkler system on premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### SECURITY

Do you have 24-hour human guard security?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are security personnel stationed at all entrances and exits to the building during open hours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### ELECTRONIC SECURITY

Do you have an electronic security alarm system in operation throughout the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your electronic alarm system ring to a central station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of current insurance carrier:

### LOSS HISTORY (Last 5 years)

Description of Loss	Amount of Loss	Date of Loss
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

### ADDITIONAL INFORMATION REQUIRED

- \* If AAM, provide a recent standard facilities report with this application.
- \* Provide a list of the top ten most valuable items.

**Fair Credit Report Act Notice:** PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

**Fraud Warning:** 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, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

**State Fraud Warnings:**

**APPLICABLE IN COLORADO**

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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**APPLICABLE IN THE DISTRICT OF COLUMBIA**

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE IN FLORIDA**

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.

**APPLICABLE IN HAWAII**

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

**APPLICABLE 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.

**APPLICABLE IN OHIO**

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA**

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

**APPLICABLE 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.

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**Signing this form does not bind the proposer to complete this insurance.**

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Producer

\_\_\_\_\_  
Date