



P.O. Box 650 • 57 Parker Rd. • Barre, VT 05641  
800-548-4301 • www.neee.com

## Museums, Libraries and Historic Societies Application

(To be attached to ACORD applications)

Market agent number: \_\_\_\_\_ Effective date: \_\_\_\_\_  
Business name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_  
County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Website: \_\_\_\_\_  
Contact person & phone number: \_\_\_\_\_

### Section 1 – General information

- Type:  Museum  Library  Historic property  Other: \_\_\_\_\_
- Full description of all operations: \_\_\_\_\_  
\_\_\_\_\_
- Primary funding source(s): \_\_\_\_\_
- Professional organization memberships and accreditation: \_\_\_\_\_
- Have you ever discontinued any programs or operations?  Yes  No  
If yes, explain: \_\_\_\_\_
- What is your annual operating budget? \$ \_\_\_\_\_
- If open to the public, list hours of operation: \_\_\_\_\_

### Section 2 – Property

Complete the following if the insured occupies a historic building.

**Attach a building appraisal not more than three (3) years old if available.**

	Loc ___ Bldg ___	Loc ___ Bldg ___	Loc ___ Bldg ___
Is the building currently under construction/being restored? If yes, what percentage of the building is under construction/restoration?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ %
Is the building ADA compliant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the building also a private home, hotel, inn or bed and breakfast? If yes, describe: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
If someone lives on the premises full time, do they have a separate homeowners' insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Section 3 – General liability

- Provide the number of employees by position:

Position	# Employees	Position	# Employees

Administrators		Librarians	
Curators		Researchers	
Computer Technicians/Programmers		Research Assistants	
Docents/Guides		Teachers	
Guards: <input type="checkbox"/> Armed <input type="checkbox"/> Contracted service		Volunteers	

2. Do you have a formal written safety program in place?  Yes  No
3. Is there a swimming pool or lake on premises?  Yes  No

If yes, **complete the Swimming Pool Supplement.**

4. Please describe the insured's fundraising activities including special events. List types of activities, number of participants, whether or not liquor is served or sold, where events are held, etc.

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5. Are contracted professionals used?  Yes  No

If yes:

- a. Are hold harmless or indemnification agreements signed?  Yes  No

If yes, attach a copy of the standard agreement.

- b. Are Certificates of Insurance required and kept in file for any contracted professionals?  Yes  No

If yes, what limits of liability are required? \$\_\_\_\_\_

6. Is a complete criminal background check required for all staff members including volunteers?  Yes  No

7. Are alcoholic beverages served at sponsored activities?  Yes  No

If yes:

- a. Is a charge made for the alcoholic beverages served?  Yes  No

- b. What are the annual receipts: \$\_\_\_\_\_

- c. Is a caterer responsible for the alcohol service?  Yes  No

If yes, is Certificate of Insurance obtained including Liquor Liability Coverage and additional insured status for the insured?  Yes  No

8. List receipts from all operations broken down by source. If more space is needed, use the Additional Comments section.

Operation/Activity	Annual receipts
	\$
	\$
	\$
	\$

9. Do you publish:  Printed newsletter  Books  Magazines  Online newsletter  Other: \_\_\_\_\_

If yes:

- a. Do you primarily distribute only to members, visitors and others related to your operation?  Yes  No

- b. Is there a separate charge in addition to membership fees?  Yes  No
  - c. Is your publication sold in magazine stands, book stores or other public venues?  Yes  No
  - d. Do you print or publish for other entities or organizations?  Yes  No
  - e. Do you have a publisher's liability insurance policy?  Yes  No
- If yes, list carrier, limits and policy dates: \_\_\_\_\_

**Section 4 – Automobile**

Complete for risks who want owned, non-owned and/or hired automobile coverage.

- 1. Is there a written driver screening plan in place?  Yes  No
- 2. Are Motor Vehicle Records checked prior to hiring?  Yes  No
- 3. Is personal use of the insured's automobiles permitted?  Yes  No
- 4. Are family members permitted to drive the insured's automobiles?  Yes  No

**Section 5 – Museums and other operations**

Check and complete all that apply.

- Theater: Type: \_\_\_\_\_ Annual admissions: \$ \_\_\_\_\_
- Aquarium: Dimensions: \_\_\_\_\_ Types of fish: \_\_\_\_\_
- Is someone assigned to monitor and clean up wet floors at regular intervals?  Yes  No
- Children's Camp: **Complete Camp Application.**
- Concerts: Type: \_\_\_\_\_ Number and frequency: \_\_\_\_\_
- Lectures: Type: \_\_\_\_\_ Number and frequency: \_\_\_\_\_
- Appraisal Services: Types of property appraised: \_\_\_\_\_
- Conservation Services: Types of property conserved: \_\_\_\_\_
- 1. Is the conservator certified?  Yes  No  
If yes, by whom? \_\_\_\_\_
- 2. Are chemicals and solvents stored in EPA approved containers?  Yes  No
- Restaurant: **Complete Restaurant Supplement.**
- Gift shop: Annual gross receipts: \$ \_\_\_\_\_ Describe items sold: \_\_\_\_\_
- \_\_\_\_\_
- Facility rental for social events: Type: \_\_\_\_\_ Number of each annually: \_\_\_\_\_
- 1. Is a museum staff member always present?  Yes  No
- 2. Does the museum provide the catering?  Yes  No
- 3. Are Certificates of Insurance required from all non-member groups renting the facility?  Yes  No
- Field trips: List where, the number annually and average number of participants for each: \_\_\_\_\_
- \_\_\_\_\_
- Animals: Types: \_\_\_\_\_
- Can the animals be handled by visitors?  Yes  No
- Stepladders and/or stools: Have rubber treads and rubberized feet that sink down when stepped on?  Yes  No
- Rules of behavior: Are signs posted detailing rules of behavior?  Yes  No
- Reflecting pools/wishing wells/fountains/ponds:  
Are signs posted warning visitors not to enter or touch the water?  Yes  No

- Film collections: Are all collections on cellulose nitrate film stored in fire resistive vaults?  Yes  No
- Are all important records and documents kept in fire-resistant safes with duplicates kept off premises?  Yes  No

**Museums**

1. Are exhibits on loan from others?  Yes  No  
 If yes:  
 a. Who is responsible for the insurance while property is in transit? \_\_\_\_\_  
 b. Who is responsible for the insurance while at the insured's premises? \_\_\_\_\_  
 c. Are the packers trained in proper packing methods for valuable items?  Yes  No
2. Are exhibits loaned to others?  Yes  No  
 If yes:  
 a. Who is responsible for the insurance while property is in transit? \_\_\_\_\_  
 b. Who is responsible for the insurance while at the other premises? \_\_\_\_\_  
 c. Are the packers trained in proper packing methods for valuable items?  Yes  No
3. Are exhibits hung from ceilings?  Yes  No  
 If yes, describe the inspection process to ensure safety:  
 \_\_\_\_\_
4. Guided tours:  Not available  Always available or  For special groups only
5. If school groups visit, are school chaperones required to stay with students at all times?  Yes  No  
 If no, describe supervision: \_\_\_\_\_
6. Are hands-on exhibits inspected daily to check for broken pieces or malfunctions?  N/A  Yes  No
7. Total value of collection including owned property and long-term loans: \$\_\_\_\_\_
8. Are there exhibitions off premises?  Yes  No  
 If yes:  
 a. What is the number of exhibitions off premises? \_\_\_\_\_  
 b. What is the total value of property at exhibitions off premises? \$\_\_\_\_\_
8. Is covered property stored in a basement?  Yes  No
9. Is there a history of water back-up from a sewer and/or drain?  Yes  No

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**Section 6 – Collection**

1. Provide a list of the top ten most valuable items.
2. Is your institution accredited by the American Alliance of Museums?  Yes  No  
 If no, does your staff receive training for packing/shipping?  Yes  No  
 If yes, provide a recent standard facilities report with this application.
3. Is the condition of objects in storage inspected on a regular basis?  Yes  No
4. When an item is received via transit, is the item immediately inspected?  Yes  No
5. Do you maintain records on internal relocation of objects?  Yes  No
6. Do you use a certified appraiser for the evaluation of your works of art?  Yes  No
7. Are your works of art appraised regularly at least once every five years?  Yes  No
8. Do you have off-site storage of your collection records?  Yes  No
9. Are any objects displayed outside?  Yes  No

If yes, how are the objects secured:  Security patrol  Bolting  Lighting  Signage  Fencing  
 Other: \_\_\_\_\_

**Section 7 – Security**

- 1. Do you have 24-hour security guard service?  Yes  No
- 2. Are security personnel stationed at all entrances and exits to the building during open hours?  Yes  No
- 3. Do you have an electronic security alarm system in operation throughout the building?  Yes  No
- 4. Is your electronic alarm system connected to a central station?  Yes  No

**Section 8 – Limits Of Insurance**

1. Provide Limits of Insurance for your ArtWorks collection.

Limit of Insurance for Covered Premises	\$
Deductible at Covered Premises	\$
Limits of Insurance at Other Locations	\$
Deductible at Other Locations	\$
Limit of Insurance While in Transit	\$
Deductible While In Transit	\$

2. Identify the name of current insurance carrier: \_\_\_\_\_

**Section 9 – Additional Comments**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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 may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

**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 AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, WA, and WV.) (Insurance benefits may also be denied in LA, ME, TN, and VA.)

**STATE FRAUD STATEMENTS**

**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, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or 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 MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

#### **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.

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#### **Required Attachments**

**Please include the following with your application *if applicable*. Refer to [www.markelartworks.com](http://www.markelartworks.com) for supplemental applications.**

- ACORD applications for all lines of coverage to be written
- Loss Runs – 3 years, with description of all losses greater than \$5,000
- Statement of Values for blanket and/or agreed amount property coverage
- Recent appraisal for historic buildings and/or collections if available
- Photographs if available
- Schedule of collections

- Brochures
- Drivers' List (for Automobile coverage) including volunteers if driving exposure
- Camp Supplemental Application
- Restaurant Supplemental Application
- Aquatics Supplement
- Accident Medical Application
- Management Liability Application
- Abuse & Molestation Supplemental Application
- Copy of your standard hold harmless and indemnification agreement
- Standard Facilities Report

**Please send my insurance policy by:**  E-mail (Be sure to complete the email address at the top of this application.)  
 Please mail my policy. (Allow 7-10 business days.)

How did you hear about Markel?  Magazine ad  Referral  Convention/conference  Website  Other

Describe: \_\_\_\_\_

**NOTE:** Coverage cannot be bound until the Company approves your completed application. The Company's receipt of premium does not bind coverage until a written quote has been issued. Before electronically signing this document, verify your information is correct. Electronically signing will disable further editing of your application.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Florida only) Agent license number: \_\_\_\_\_

**Thank you for choosing Markel!**



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