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 mscsubmissions@markelcorp.com

Broker Name
 Broker Street Address
 Broker City, State, Zip Code

EXHIBITION INSURANCE APPLICATION

GENERAL INFORMATION

Name and Mailing Address of Applicant:

Covered Location(s):

Telephone Number:

Email Address:

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.

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

COLLECTION

Have the loan agreements been reviewed and signed by both museum and lender before final acceptance for exhibition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have the condition reports been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the condition of objects in storage inspected on a regular basis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
When an item is received via transit, is the item immediately inspected?	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 Resistant <input type="checkbox"/> Non-combustible <input type="checkbox"/> Frame <input type="checkbox"/>
Year Built
Building Improvements:
Wiring (year)

Roofing (year)		
Plumbing (year)		
Heating (year)		
Was the building originally designed for use as a museum?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, what was the original use of the building?		

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"/>
Is the loading area fully enclosed?	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"/>

TRANSIT

Did the persons responsible for crating and packing receive training to do their job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What transit companies are used?		
Are items ever transported via personal conveyance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the registrar or curator travel with the exhibition?	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, a most recent standard facilities report for each venue must be included with this application.
- * Provide a list of covered items.
- * Provide a copy of condition reports.
- * Provide exhibition dates and venues.

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.

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

Name of Applicant

Title

Signature of Applicant

Date

Signature of Producer

Date