

Hugh Wood Inc.
Private/Corporate Fine Art and
Collectibles Insurance Application



Applicant Information

Applicant Name:

Mailing Address:

City: State: Zip Code:

Contact Phone Number: Email:

Cell Phone: Fax Number:

Occupation:

Insured Premises

Street Address:

City: State: Zip Code:

Is it constructed of: Brick Stone Concrete Wood Frame Other

What year were the premises built? How many stories is the building?

Premises Type:

Single Family Co-op/Condo Gated Community
Business Apartment Other (please explain)

Please describe the makeup of your collection, as follows:

Photographs	%	Breakables - Glass, Ceramic	%
Sculptures – Fragile	%	Furniture	%
Sculptures – Non-Fragile	%	Jewelry	%
Tapestries, Rugs, Fabrics	%	Paintings, Drawings, Prints	%
Clocks, Watches, Mechanical Art	%	Autographs	%
Numismatic/Philatelic	%	Other	%

What is total value of your collection?

How frequently do you travel?	Is the property unattended for long periods of time?	Yes	No
Who has keys to exterior doors?	Do you employ live-in help?	Yes	No
Is the building used for business or professional purposes, or open to the public?		Yes	No
Is the building regularly left unattended by day or night?		Yes	No
Are all exit doors fitted with a deadbolt lock?		Yes	No
Are there locks on all windows, fanlights and skylights?		Yes	No
Is the building in the vicinity of any rivers, streams or tidal waters?		Yes	No

Is the building in a federal flood zone?	Yes	No
Has the building ever suffered from flooding?	Yes	No
Distance from the nearest water:		
What is the value held at this location?		
Do you agree to an inspection of the insured premises and the collection by an insurance company representative, if requested?	Yes	No
Are any special instructions given to third parties regarding the care and handling of the collection?	Yes	No

Contractors/Decorators

Do you intend to carry out any work on the premises involving outside contractors?	Yes	No
If Yes, please give full details:		

Safes and/or Strong Rooms (Complete for every location)

Do you have safe(s) at your premises?	Yes	No
Please provide make, model, UL and/or TL rating of safe:		
Where is the safe located?		Who has access to the safe?
Is the safe separately alarmed?	Yes	No
Do you keep jewelry to be covered in the safe except when worn?	Yes	No
Do you have a strong room where stock is kept?	Yes	No
What is the value of stock not placed in the safe and/or strong room when premises are unattended?		
Please provide details of WHY the stock is not stored in a safe and/or strong room.		

Alarm System (Complete for every location)

Do you have a burglary alarm system?	Yes	No				
If Yes, please provide alarm company details:						
If No, please provide any other security information in place:						
Is it linked to a central station?	Yes	No				
If Yes, please provide company details:						
Do you have a fire alarm system?	Yes	No				
Is it linked to a central station?	Yes	No				
If Yes, please provide company details:						
Do you have the following additional security measures in place:	CCTV	Motion Sensors				
Are these systems under a yearly maintenance contract?	Yes	No				
Any other security protections at the premises?						
Do you have portable fire extinguishers?	Yes	No				
If Yes, what type?	CO ₂	Dry Chemical	Foam	Halon	Acid	Other

Additional Collection Information

Sculptures and Furniture

How are outdoor sculptures secured?

How are indoor sculptures secured?

Are tall, unstable pieces secured to the wall or floor? Yes No

Are bookshelves secured to the wall? Yes No

Are shelves in display cases fastened in place? Yes No

Are sculptures secured to their base? Yes No

Are the bases secured to the floor? Yes No

What percent of the collection is fragile?

Hung Work

How are paintings hung?

Loops

Brackets

Nails

Soffit

Other

Who is responsible for hanging and securing works of art?

Where is fine art stored when not on display?

Are framed works hung on more than one nail? Yes No

Are framed works hung with weighted hooks? Yes No

Are any of the framed works covered with specialty glass or other special materials? Yes No

Decorative Arts

Are decorative items on table/shelves secured to the surface with adhesive or mounts? Yes No

Are decorative items in display cases secured to the surface? Yes No

Documentation

Do you have a complete inventory of your collection? Yes No

When was your collection last appraised?

Are you able to provide invoices or a copy of the most recent appraisal showing the date and appraiser's qualifications? Yes No

California Only

Are objects secured with either Earthquake hooks or museum wax? Yes No

Is the building retrofitted in accordance with CA building codes? Yes No

What is the brush clearance (vertical feet)?

What earthquake mitigation techniques are used for the collection?

Is the collection professionally mitigated? Yes No

If Yes, please provide documentation.

What is the limit of insurance that you would like at this location?

Florida Only

What is the distance from the building to the ocean or large body of water?

What is the elevation of the building?

Are the premises fitted with any of the following: Storm Shutters Humidity Controls
Roof Clips Storm Glass

Do you have an evacuation plan? Yes No

Where will the art be relocated to in the event of a Hurricane Watch?

Are air conditioning systems operating at all times to protect against mold growth? Yes No

In the event of a power outage, will the air conditioning be put back into operation once power is restored? Yes No

Please identify any items that are kept outside:

What is the limit of insurance that you would like at this location?

History

Who is your current insurer?

What is the expiration date of your current policy?

Have you suffered any losses in the last five years, whether insured or not? Yes No

If Yes, please provide details:

Has any company declined to accept, cancelled or refused to provide insurance for you? Yes No

If Yes, please provide details:

Have you filed for personal bankruptcy in the past ten years? Yes No

If Yes, please provide details:

Has your business filed for bankruptcy in the past ten years? Yes No

If Yes, please provide details:

Are there any additional material facts affecting any section of the proposed insurance which should be disclosed to Underwriters?

If Yes, please give full details:

How do you hear about us?

Search Engine Advertisement Tradeshow Direct Mail Other

Declaration

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that any non-disclosure or misrepresentation of a material fact may entitle insurers to void insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Underwriters: If you are in any doubt as to what constitutes a material fact you should consult Hugh Wood Inc.) I understand the signing of the application form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application form and the statements made herein shall form the basis of the contract.

Signature: _____

Date: _____

APPLICATION FRAUD NOTICE

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: 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, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance Forms, Except As Provided for Automobile Insurance: 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS: Automobile Insurance Forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS: Fire Insurance: 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. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any wilful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Automobile Insurance Forms: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefactor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: 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.

NOTICE TO TENNESSEE APPLICANTS: Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a worker's compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: 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.

NOTICE TO WASHINGTON APPLICANTS: 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.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES APPLICANTS: Any person who knowingly and wilfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Fraud Language last updated 02/10)