

# L. V. Toole Insurance Agency, Inc.

195 Main Street, Lee, MA 01238 Telephone: (800) 958-6653 Fax: (413) 243-4221

**www.FineArtInsurance.com**

## Personal Fine Arts Insurance Application

### Insured

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone Number ( ) - \_\_\_\_\_ Fax Number ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Age \_\_\_\_\_ Marital Status \_\_\_\_\_ Spouse's Name \_\_\_\_\_

Desired effective date of coverage \_\_\_\_\_

### Personal Collections

Collection includes (check all that apply):

- Paintings  Sculpture  Antique Furniture  Rugs/Woven Art  Books/Manuscripts  
 Silver  Glass/Pottery/Ceramic  Other, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Values

Total Value of Collection \$ \_\_\_\_\_ Number of items \_\_\_\_\_

Highest single Value of any one item: \$ \_\_\_\_\_

Do you have currently dated appraisals for all items?  Yes  No

If no, or if partial, please advise value of items for which you *do not* have appraisals:

Items valued *under*  \$10,000 each;  \$20,000 each;  \$50,000 each;  \$100,000 each;

No items are appraised;  Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you maintain clear title to each item in your collection?  Yes  No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

### Location *(this section should be copied and completed for each location, if multiple locations exist)*

Location Address: \_\_\_\_\_

Location Description:

Freestanding Private Home/Dwelling  Apartment/Condo/Co-op  Storage Warehouse

Other (please describe): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Construction:  Wood Frame  Masonry  Fire Resistant  Other: \_\_\_\_\_

Year Built: \_\_\_\_\_ Square footage: \_\_\_\_\_ Square footage you occupy: \_\_\_\_\_

Number of floors in building: \_\_\_\_\_

Is residence left unoccupied for periods of more than two weeks?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you employ domestic help?  Yes  No

If yes, they are :  Resident/Live-in  Full-Time  Part-Time

How long have you employed these workers? \_\_\_\_\_

\_\_\_\_\_

Return to: L.V. Toole Insurance Agency, Inc.

P.O. Box 319, Lee, MA 01238

Fax: 413-243-4221 Email: info@FineArtInsurance.com

Is your premises protected by a Burglar Alarm?  Yes  No

If yes, is it Local (sounds alarm at the premises only) or is it Central Station reporting (reports to alarm company, police, etc.):  Local Alarm  Central Station

Does the alarm system also protect against:

Fire/Smoke?  Yes  No

Temperature Change?  Yes  No

Alarm Company: \_\_\_\_\_

Address: \_\_\_\_\_

Is premises protected with:

Dead bolt locks on all exterior doors?  Yes  No

Locks on all windows  Yes  No

Number of smoke detectors: Battery operated \_\_\_\_\_ Hard-wired \_\_\_\_\_

Number of fire extinguishers \_\_\_\_\_

Distance to nearest: Police Station: \_\_\_\_\_ Fire Station: \_\_\_\_\_ Fire Hydrant: \_\_\_\_\_

**History**

Current/Prior Carrier (if None, so state): \_\_\_\_\_

Claims/Loss information; Please detail all losses, whether insured or not and all insured claims during the past 5 years: \_\_\_\_\_

Has any insurance been non-renewed, cancelled, or declined by any insurance company?  Yes  No

If yes, provide details including date, reason and carrier: \_\_\_\_\_

**Additional Information**

Notes and/or comments: \_\_\_\_\_

How may we contact you to discuss this application and any underwriting questions that may arise?

Telephone ( ) - \_\_\_\_\_ Best Time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mail: \_\_\_\_\_

Other: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_