

Dealer/Gallery Application

Name: _____

Address: _____

Additional Gallery Address : _____

Premises:

Type of Construction: _____

Year Built: _____

Square Feet: _____

Stories: _____

Roof Type: _____

Last Inspection Date: _____

Premises Protections:

Burglar alarm	_____	Yes	_____	No
Central Station	_____	Yes	_____	No
Line Security	_____	Yes	_____	No
UL Approved System	_____	Yes	_____	No
Controlled Entry	_____	Yes	_____	No
Exit System	_____	Yes	_____	No
Fire Alarm	_____	Yes	_____	No
Heat/Smoke Detectors	_____	Yes	_____	No
Sprinklers	_____	Yes	_____	No
On Site Guards	_____	Yes	_____	No

Earthquake Prone Area: _____ Yes ___ No If yes, is property retrofitted: _____

Flood Prone Area: _____ Yes ___ No If yes, what is the flood zone: _____

Hurricane Prone Area: _____ Yes ___ No If yes, how many miles from the coast: _____

Brush Area: _____ Yes ___ No If yes, what is the brush clearance: _____

Loss History (Last 5 years):

Limits

Location 1

a) \$ _____ on premises

b) \$ _____ at any other location

c) \$ _____ in transit

Location 2

- a) \$ _____ on premises
- b) \$ _____ at any other location
- c) \$ _____ in transit

Desired deductible: _____ \$1,000 _____ \$2,000 _____ \$5,000 _____ other

Do you ever purchase additional insurance with a transit carrier to cover your deductible? Yes
No

Inventory Details - Percentage of Inventory

Paintings	_____ %	Drawings/Prints	_____ %
Jewelry	_____ %	Please Detail:	_____ %
Furniture	_____ %	Sculpture (non-fragile)	_____ %
Sculpture (fragile)	_____ %	Other	_____ %

Percentage of Exhibition fragile i.e. porcelain, glass, terra cotta..... _____ %

Percentage of consigned items: _____ %

Exhibition Inventory Computerized _____ Yes _____ No
Copy kept off premises? _____ Yes _____ No

Are standard consignment agreements used?: _____ Yes _____ No
If yes, please attach a copy

Professional Experience

Number of Years in Business: _____
If less than 5 years, please list previous experience: _____

Professional Affiliations: _____

Employees

Do all employees handle Covered Property?

Yes _____ No _____

Are employees supervised or trained in the handling of Covered Property?
Yes _____ No _____

 **QBE Specialty Insurance**

Are employees responsible for security during normal business hours?

Yes _____ No _____

Who is responsible for packing and unpacking Covered Property?

Yes _____ No _____

Who is responsible for the receiving and releasing Covered Property?

Yes _____ No _____

Exposure

Average value at risk \$ _____ Maximum Value of a single item _____

Do you keep a detailed and itemized inventory? _____ Do you keep a record of purchases? _____

Do you keep a record of sales? _____ When was the last date of inventory? _____

Do you maintain a duplicate inventory off-site? _____

Please provide a list of carriers that you use for shipping _____

Who is responsible for packing and shipping? _____

Who is responsible for installation? _____

Who is responsible for de-installation? _____

Does the responsible person require any qualifications in order to do this job? _____

When an item is received via transit, is the item immediately inspected? _____

Are personal conveyances used for transit? If so, is your vehicle alarmed? _____

SALES

Annual sales for the last three years

20 _____ \$

20 _____ \$

20 _____ \$

Applicant's Signature _____ **Date** _____