



AXA Art Insurance Corporation Conservator Application

GENERAL INFORMATION

Name of Applicant:

Mailing Address:

Telephone Number:

E-mail Address:

List all locations where property to be insured is regularly located:

| LIMITS OF INSURANCE | Location 1 | Location 2 | Storage |
|--|-------------------|-------------------|----------------|
| 1. Limit of Insurance for Premises | \$ | \$ | \$ |
| 2. Limit of Insurance at Other Locations | \$ | n/a | n/a |
| 3. Limit of Insurance While in Transit | \$ | n/a | n/a |

OPERATION

Number of years in operation

Professional Affiliations

Referred By:

Please provide a copy of your curriculum vitae

Do you receive 3 years of basic conservation training?

Do you have 3 years experience in a specialized field?

EMPLOYEES

Do all employees handle Covered Property?

Are employees supervised or trained in the handling of Covered Property?

Are employees responsible for security during normal business hours?

Who is responsible for packing and unpacking Covered Property?

Who is responsible for the receiving and releasing Covered Property?

BUILDING CONSTRUCTION

(Select for each : Adobe, Brick, Glass, Safety Glass, Steel, Stone, Wood, Fabric / Carpet, specify other)

| | <u>Location 1</u> | <u>Location 2</u> | <u>Location 3</u> |
|---|-------------------|-------------------|-------------------|
| Exterior Walls | | | |
| Interior Walls | | | |
| Floors | | | |
| Ceilings | | | |
| Structural Support | | | |
| Number of floors | | | |
| What floor are you on? | | | |
| Is Covered Property stored in a basement? | | | |
| If so, then describe basement inventory? | | | |
| What is the smallest distance between the lowest storage shelf and the floor? | | | |
| Is there a floor drain? | | | |
| Is there a history of back-up of drain and / or sewer? | | | |

FIRE PROTECTION

| | <u>Location 1</u> | <u>Location 2</u> | <u>Storage</u> |
|--|-------------------|-------------------|----------------|
| Is the entire building protected by a fire and/or smoke detection /alarm system? If no, describe area not protected: | | | |
| Is the alarm system listed and installed according to UL specifications? | | | |
| How often is the system checked? | | | |
| Does your alarm system ring to a central station? | | | |
| Sprinkler system on premises: (select one) Wet Pipe, Dry Pipe, Pre-action, Cross-zoned to fire/ smoke detection system. | | | |
| Which areas are protected by the sprinkler system? | | | |
| Portable fire extinguishers (select) Carbon Dioxide, Dry Chemical, Foam, Halon, Acid, Other | | | |

Is the work area properly ventilated?

Are all hazardous materials, flammables and chemicals stored in UL rated fire cabinets?

Are all rags and cleaners properly disposed of?

SECURITY

Location 1 Location 2 Storage

How many staff members have keys to exterior doors?

Do you have an emergency disaster plan?

If so, how frequently is the staff trained regarding this plan?

What emergency procedures are observed in the case of theft or vandalism?

ELECTRONIC SECURITY

Location 1 Location 2 Storage

Do you have an electronic security alarm system in operation throughout the building?

What types of detection equipment are in operation?
(select) Magnetic Contact, Photo ray, Ultrasonic,
Sound, Motion, Infrared, Pressure, CCTV with recording

Does your electronic alarm system ring to a central station?

Are all the building's exterior openings secured and alarmed?

EXPOSURE

Please provide a copy of your receipt, agreement or contract.

Average value at risk

Maximum Value of a single item

How many jobs are at your studio any one time?

Do you document the treatment process for each job?

Do you receive owner's written approval before proceeding on treatment?

The applicant warrants that materials and methods used for treatment are within the range of competence of the applicant using currently accepted practices?

Brief description of the type of stock handled and process performed upon it.

A copy of the curriculum vitae shall be submitted with this application.

Describe the scope of work performed on the last 3 jobs:

1.

2

3.

Total Gross Receipts for past 12 months
Total Gross Receipts for previous 12 months

Average Charge per item

Average number of jobs for past 12 months

Name of current Insurance Carrier :

LOSS HISTORY

For the last five years

| <u>Description of loss</u> | <u>Amount of loss</u> | <u>Date</u> |
|----------------------------|-----------------------|-------------|
|----------------------------|-----------------------|-------------|

Producer, how long have you known the applicant?

Do you handle any other lines of insurance for the applicant?

SIGNING THIS FORM DOES NOT BIND THE PROPOSER TO COMPLETE THIS INSURAN

Applicants' Signature

Producer's Signature

Position: _____