

State of Texas Master Fine Art Insurance Program SORM Inquiry

Willis Towers Watson Museum Collections and Temporary Loans Fine Art Insurance Application

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Please answer all questions in full. Check YES/NO boxes.

SECTION 1: AGENCY INFORMATION

Agency Number: _____

Agency Name: _____

Agency Address: _____

City: _____ County: _____ Post Code: _____

Mailing Address: _____

City: _____ County: _____ Post Code: _____

Check the type(s) that best describe your agency:

- | | |
|--|---|
| <input type="checkbox"/> Museum | <input type="checkbox"/> University |
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Museum or Gallery |
| <input type="checkbox"/> Arboretum/Botanical Garden | <input type="checkbox"/> Student Center/Union |
| <input type="checkbox"/> Art | <input type="checkbox"/> Library |
| <input type="checkbox"/> Children's/Youth | <input type="checkbox"/> Department of |
| <input type="checkbox"/> General | |
| <input type="checkbox"/> Historic House | <input type="checkbox"/> Cultural Organization |
| <input type="checkbox"/> History | <input type="checkbox"/> Library |
| <input type="checkbox"/> Natural History/ Anthropology | <input type="checkbox"/> Religious Institution |
| <input type="checkbox"/> Nature Center | <input type="checkbox"/> Civic/Exhibition Space |
| <input type="checkbox"/> Science | <input type="checkbox"/> Fair Building |
| <input type="checkbox"/> Zoo | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Other (specify) | |

Principal Contact Name: _____

Telephone Number: _____ Email Address: _____

Do you presently have fine arts insurance? Yes No

If Yes, please list the insurance company/ies/brokers who provide your coverage: _____

Are you accredited by the American Alliance of Museums (AAM)? Yes No

Does your Agency have multiple locations? Yes No

For Agencies with multiple locations, please complete this form as it relates to your principal location.

Please complete a Supplemental Application for each additional location.

SECTION 2: BUILDING INFORMATION *(Please note: A safety and security inspection may be required by the Insurance Company)*

Type of Building Construction: Brick Frame Fire Resistive Other

Date Built: _____ Date Remodeled: _____

Was the building designed for a museum: Yes No

If not, please indicate original purpose: _____

SECTION 3: FIRE PROTECTION INFORMATION

Is the building: Fire Proof (non-combustible construction materials)
 Fire Resistive
 Treated with Fire Retardants

Is the building protected by a central station fire/smoke alarm system? Yes No

If yes, please describe: _____

Is the alarm system connected to the local fire department? Yes No

Are there any other approved fire suppression systems in place? Yes No

If yes, please describe: _____

SECTION 4: SECURITY INFORMATION

Are your premises protected by a central station burglar alarm? Yes No

Please describe your system (including make and installer): _____

Is the alarm system maintained under contract? Yes No

Number of guards when opened? _____ When closed? _____

SECTION 5: COLLECTION INFORMATION

PART A: Permanent Collection and Long Term Loans

The collection's approximate value including long term loans is: _____

Is your inventory up to date? Yes No

If no, when was it last updated? _____

Collection consists of (% of total):

_____ Oil on Canvas	_____ Sculpture	_____ Watercolors
_____ Photographs	_____ Indoor	_____ Drawings and works on paper
_____ Prints	_____ Outdoor	_____ Books/Manuscripts
_____ Artifacts	_____ Ceramics/Pottery	_____ Natural history specimens
_____ Antiques	_____ Other (specify): _____	

Is a list of the top ten highest valued objects in your collection with values attached to this application? Yes No

PART B: Temporary Exhibition Information

Frequency of temporary exhibitions on site: _____ per year

Average value of temporary exhibitions on site: \$ _____ per exhibition

Frequency of travelling exhibitions: _____ per year

Average value of travelling exhibitions: \$ _____ per exhibition

International venues: Yes No

SECTION 6: LOSS INFORMATION SECTION

Briefly describe all losses within the last five (5) years. Include dates of losses if available. This listing should include losses insured or uninsured.

DECLARATION: You must read this before signing below.

To the best of my knowledge and belief the information provided in connection with this proposal, whether in my own hand or not, is true and I have not withheld and material facts. I understand that non-disclosure or misrepresentation of a material fact will entitle underwriters to avoid this insurance.

(A material fact is one likely to influence or assessment of this proposal by underwriters. If you are in any doubt as to whether a fact is material or not you must disclose it.)

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WillisTowersWatson 

I understand that the signing of this proposal does not bind me to an insurance contract but agree that, should a contract of insurance be concluded, this proposal and the statements made therein shall form the basis of the contract.

Signature

Date

You should keep a record (including copies of any letters) of all information supplied to underwriters for the purpose of entering into this insurance. A copy of your completed proposal will be available (on request) provided the insurance is effected.

You must inform us of any change in circumstance which will materially affect this insurance