

**THOMSON & PRATT INSURANCE ASSOCIATES, INC.
FINE ARTS DIVISION**

44815 Fig St. #129, Lancaster, CA 93534
661-942-5200 phone • 877-334-6327 toll-free
661-942-4498 fax

COLLECTORS INSURANCE COVERAGE

Applicant's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ **Fax #:** _____

Email _____

Applicant's Profession: _____

Number of Objects in the Collection: _____ **Number of years Applicant has been collecting:** _____

Total Current Value of Collection: \$ _____

Fine Arts: \$ _____

Jewelry: \$ _____

Silver: \$ _____

Furs: \$ _____

Other: \$ _____

Approximate Fragiles at Risk: \$ _____

Nature (Type) of Fine Arts Schedule: _____

	<u>% of \$ Collection Value</u>	<u>% of Objects</u>
Paintings, etchings, drawings, etc.	_____	_____
Sculpture, non fragile (bronze, metal, wood)	_____	_____
Sculpture, fragile	_____	_____
Ceramics	_____	_____
Glass	_____	_____
Rare Books	_____	_____
Antiques, artist designed furniture	_____	_____

RESIDENCE INFORMATION

Location #1 Address: _____

Type of Construction: _____

Year Built: _____

Retrofitted? Yes No Extent: _____

Foundation on Stilts? _____

Designated Brush Area? _____

Brush Clearance: _____

Roof Type? _____

Date Last Inspected: _____

Burglary/Fire Protection: Is the premises protected by a Central Station Burglar/Fire alarm? Yes No

Extent of protection: _____ **Name of alarm company:** _____

Location #2 Address: _____

Type of Construction: _____

Year Built: _____

Retrofitted? Yes No Extent: _____

Foundation on Stilts? _____

Designated Brush Area? _____

Brush Clearance: _____

Roof Type? _____

Date Last Inspected: _____

Burglary/Fire Protection: Is the premises protected by a Central Station Burglar/Fire alarm? Yes No

Extent of protection: _____ **Name of alarm company:** _____

Do any of the above Premises have present full-time domestic staff or a live-in housekeeper? Yes No

Is there a safe for jewelry? Yes No Does the insured keep jewelry in a bank vault? Yes No

If kept in vault, please provide name and address of bank:

Losses over last five years (amount, year & description of loss):

Effective Date: _____ **Homeowners Carrier:** _____ **Policy Form:** _____

Limits Requested: _____ **Named Premises:** _____

Any Other Location (domestic or worldwide coverage) _____

Transit (domestic or worldwide coverage) _____

Applicant's Signature