



P.O. Box 2009, Glen Allen, VA 23058-2009
800-431-1270 Fax: 804-527-7966

NON-PROFIT ART ORGANIZATIONS, GALLERIES & STUDIOS APPLICATION

(To be attached to ACORD applications)

NAMED INSURED: _____

Website Address: _____

Please attach the following:

ACORD Applications (For all lines of coverage to be written)

Brochures

Loss Runs – 3 years, with descriptions of all losses > \$5,000

Financial Statement

Statement of Values (For blanket &/or agreed amount property coverage)

Drivers' List (For automobile coverage)

Recent Appraisal for historic buildings &/or owned Collections

MVR's if available

Photographs (if available)

Other Applicable Supplemental Questionnaires

Schedule of Collections

This application consists of the following sections. Complete sections I, II and III, then any other that are applicable to this insured.

Section I – General Information

Section IV – Automobile

Section II – Property (including Historic Buildings)

Section V – Art Galleries/Studios

Section III – General Liability

I. GENERAL INFORMATION

1. Type of non-profit: Art Club/League Art Studio Art Gallery Other (specify): _____
2. Full description of all operation(s) [Attach brochures if available] _____

3. Type of 501(c) entity: _____
4. Number of years in operation: _____ Years under present management: _____
5. Primary funding source(s): _____
6. Professional organization memberships: _____
7. Have you ever discontinued any programs or operations? Yes No If yes, explain _____

8. What is your annual operating budget? _____
9. Is this a membership organization? Yes No If yes, number of members: _____
10. If open to the public, list hours of operation: _____

II. PROPERTY

Complete ACORD Property applications. Also see the sections that follow for questions addressing specific exposures. If the insured occupies an historic building, the following must be completed:

HISTORIC BUILDINGS (Must attach a building appraisal not more than 3 years old.)

	Loc	Bldg	Loc	Bldg	Loc	Bldg
1. Is this building listed on the National Register of Historic Places?						
2. Are replacement building materials available locally?						
3. Will local ordinances allow the building to be rebuilt at the same location?						
4. Has the building been completely restored?						
If not, what percentage of the building has been restored?						
What is the target date for complete restoration?						
5. Is the building currently under construction/being restored?						
If yes, what percentage of the building is under construction/restoration?						
6. Is the building ADA compliant?						

III. GENERAL LIABILITY/PROFESSIONAL (All Risks)

1. Staff List

Positions	Number Employed Full Time	Number Employed Part Time	Number Contracted (not employed by insured)
Administrators			
Clerical			
Directors			
Guards			
Office Managers			
Maintenance Workers			
Managers (describe):			
Retail Employees			
Teachers/Instructors			
Volunteers (list according to hours worked weekly as if employed)			
Others: (List – use additional paper if necessary)			

2. Is the staff required to report to management all incidences that may result in a claim? Yes No
3. Are written records of all incidences kept by management? Yes No
4. Are all incidences reviewed? Yes No
5. Do you have a formal written safety program in place? Yes No
6. Do you have a written emergency evacuation plan? If so, attach a copy. Yes No
7. Please describe the insured's fundraising activities including special events. List types of activities, numbers of participants, whether or not liquor is served or sold, where events are held, etc. _____

8. If contracted professionals are used, does the insured require them to sign a hold harmless or indemnification agreement?

Yes No **If yes, attach a copy of the standard agreement.**

Are certificates of insurance required and kept in file for those contracted professionals? Yes No

If yes, what are the minimum limits of liability required? _____

9. Is a complete criminal background check required for all staff members? Yes No

10. Do you have volunteer workers? Yes No

Is a complete criminal background check required for all volunteers? Yes No

Average number of volunteers daily: _____

11. Have there been any claims or suits, or do you know of any incidents that could result in a claim or suit of any type?
 Yes No If yes, explain. _____
-
12. Do you currently carry professional liability insurance? Yes No
 If yes, indicate limits, carrier, occurrence or claims made & retro date (if any) _____
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13. Do you have security guards? Yes No
 If yes, are they: employees or contracted services?
 Are they armed? Yes No
14. Are alcoholic beverages ever served at sponsored activities? Yes No
 If yes, is a charge made for them? Yes No
 If yes, what are the annual liquor receipts? _____
 Is a caterer responsible for the alcohol service? Yes No
 If not, do you carry liquor liability coverage? Yes No
 If yes, who is the carrier & policy dates? _____
15. Please list receipts from all operations broken down by source (if more space is needed, use the Additional Comments section):
- | Operation/Activity | Annual Receipts |
|--------------------|-----------------|
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
16. Do you publish any of the following: Printed Newsletter Books Magazines Online Newsletter Other (specify): _____

 If yes, is it primarily distributed only to members and visitors and others related to your operation? Yes No
 Is there a separate charge in addition to membership fees? Yes No Is it sold in magazine stands, book stores or other public venues? Yes No Do you do any printing or publishing for other entities or organizations? Yes No
17. Do you have a publisher's liability insurance policy? Yes No If yes, list carrier, limits and policy dates: _____

IV. AUTOMOBILE (Complete all that apply for risks who want owned, non-owned and/or hired auto coverage.)

1. Is there a written driver screening plan in place? Yes No
2. Is there a written vehicle maintenance plan in place? Yes No
3. Are keys locked and secured away from the public when not in use? Yes No
4. Have drivers attended a class or completed a self-study in defensive driving? Yes No
5. Are MVR's checked prior to hiring? Yes No
6. Is personal use of insured's automobiles permitted? Yes No
7. Are family members permitted to drive the insured's automobiles? Yes No
8. Do your employees or volunteers use their own vehicles for the insured's business? Yes No
 If yes, do they use their own vehicles to transport anyone? Yes No
 Do you require your employees or volunteers to carry and provide evidence of personal auto insurance? Yes No
 If yes, what minimum liability limits do you require they have? _____
9. Are all vehicles insured on the schedule titled to the named insured? Yes No
 If no, explain. _____
10. Are vehicles equipped with safety belts for each passenger? Yes No

- 11. Do vehicles equipped for wheelchairs have tie-down belts to stabilize the wheelchair & passenger? Yes No
- 12. Is a final check performed after unloading to be sure nobody is left inside when vacating the vehicle? Yes No
- 13. Do all large capacity vehicles (> 8 passengers) have an audible backup warning device? Yes No
- 14. Are any drivers under 21 or over 70 years of age? Yes No
- 15. Do drivers have the appropriate types of licenses for vehicles driven (i.e., buses, heavy trucks, etc.) Yes No
- 16. Are any vehicles leased, rented or hired? Yes No

If yes, describe what types, what uses and how often. _____

- 17. Are volunteers permitted to drive the insured's vehicles? Yes No If yes, explain in detail. _____

V. ART GALLERIES/STUDIOS (Complete all that apply.)

- 1. Type of artwork displayed _____
 - 2. Any "performance art?" Type, place & frequency _____
 - 3. Kids' Camp (**Complete Camp Application**)
 - 4. Art Shows: Number & Frequency _____
 - 5. Lectures: Type _____ Number & Frequency _____
 - 6. Classes: Type _____ Number & Frequency _____
 - 7. Appraisal services: Type of property appraised _____
 - 8. Studio: Painting Ceramics Metal sculpture Woodworking Framing Stone sculpture Welding Kiln Jewelry
 Other (describe) _____
- Are all chemicals and solvents (including glues, oil-based paints, etc.) stored in NFPA & EPA approved containers? Yes No
- Are all flammables stored away from combustion sources? Yes No
- If woodworking is done, is there a dust collection system? Yes No If yes, describe _____
- Are all artists required to wear protective gear if welding, working with electric saws, etc.? _____
- If welding or spray-painting is done, is it in a separate area away from all combustibles, flammables, chemicals and other artists?
 Yes No Is the area ventilated? Yes No
- Are all artists required to sign an agreement holding the studio owners/operators harmless? Yes No
- Are artists renting or occupying space required to carry their own liability insurance? Yes No
- 9. Gift shop/Retail Art Sales: Annual gross receipts _____ Describe items sold _____

- 10. Facility rental for social events: Type and number of each annually _____
 Is a staff member always present? Yes No Does the gallery do the catering? Yes No
 Are certificates of insurance required from all non-member groups renting the facility? Yes No
- 11. Exhibits on loan from others
 Who is responsible for the insurance while property is in transit? _____
 Who is responsible for the insurance while at the insured's premises? _____
 Are the packers trained in property packing methods for valuable items? Yes No
- 12. Exhibits loaned to others
 Who is responsible for the insurance while property is in transit? _____
 Who is responsible for the insurance while at the other premises? _____
 Are the packers trained in property packing methods for valuable items? Yes No
- 13. Exhibits hung from ceilings: Describe inspection process to ensure safety: _____
- 14. Guided tours: Always or For special groups only

15. School groups: Are school chaperones required to stay with students at all times? Yes No If no, describe supervision:

16. Are all important records & documents kept in fire-resistant safes with duplicates kept off-premises? Yes No

17. Rules of behavior (such as "no smoking," "no food or drinks," etc.): Posted? Yes No

Additional comments below: _____

Coverage shall not be bound until the Company approves the applicant's completed application and premium payment is received. The Company's receipt of premium does not bind coverage until the completed application is also approved. In the event the Company does not approve your application, your premium payment will be refunded.

Fair Credit Report Act Notice: Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

FRAUD WARNING: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and (NY substantial) civil penalties. (NOT APPLICABLE IN: CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, and VA.) For additional warnings, please visit: <http://www.markelinsurance.com/Applications/Pages/FraudWarnings.aspx>

I hereby certify that to the best of my knowledge and belief the information provided is true and correct and that no information which would materially affect this insurance has been withheld.

Applicant's Signature: _____ Date: _____

Producer Signature: _____ Date: _____

Agency Name: _____

Agency Address: _____ City/State/Zip _____