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APPLICATION FOR FINE ARTS DEALER'S POLICY

NAME OF APPLICANT & ADDRESS:	AGENT:
EFFECTIVE DATE AND TERM (SUBJECT TO COMPANY APPROVAL) (MONTH-DAY-YEAR): FROM: TO:	PREVIOUS CARRIER AND POLICY NUMBER:
FLOORS OCCUPIED:	HAS THIS FORM OR OTHER SIMILAR INSURANCE EVER BEEN CANCELLED OR DECLINED? _____ IF YES, GIVE DETAILS:

ALL LOSSES ON SIMILAR PROPERTY DURING PAST THREE YEARS

LOSS	DATE	AMOUNT

FIRE PROTECTION

IS LOCATION SPRINKLED? <input type="checkbox"/> YES <input type="checkbox"/> NO
MANUFACTURER'S NAME & WHEN INSTALLED?
HOW OFTEN SERVICED? BY WHOM?
IS SYSTEM EQUIPPED WITH A SPRINKLER ALARM? <input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIBE:
BUILDING CONSTRUCTION:
FIRE CONTENTS RATE: %
EXTENDED COVERAGE RATE: %

PREMISES PROTECTION

ELECTRICAL BURGLAR ALARM SYSTEM	DO YOU HAVE AN OPERATING MERCANTILE PREMISES ALARM SYSTEM?	CENTRAL STATION LOCAL ALARM?	EXTENT OF PROTECTION:	
	NAME OF PROTECTION COMPANY:		UND. LAB. CERT. NO.	EXPIRATION DATE:
HOLDUP ALARM & PROTECTIVE SYSTEM	CENTRAL STATION HOLDUP ALARM SYSTEM PROTECTING YOUR PREMISES?		NUMBER OF SIGNAL BUTTONS:	
	NAME OF PROTECTIVE COMPANY OR SYSTEM:		UND. LAB. CERT. NO.	EXPIRATION DATE:
NO. OF WATCHMEN IN YOUR EMPLOY WHEN PREMISES IS CLOSED TO PUBLIC:			WATCHMEN'S TIME SCHEDULE	
CENTRAL SYSTEM: <input type="checkbox"/>			WATCHMEN'S CLOCK: <input type="checkbox"/>	
NO. OF ENTRANCES:	OPEN TO PUBLIC:	NOT OPEN TO PUBLIC:	BUSINESS HOURS:	

INVENTORIES OF ALL PROPERTY

(If more than one location, give details for each)

IF YOU ATTACH AND EXACT MONTHLY INVENTORY, EACH DATED, FOR THE LAST TWELVE MONTHS; DISREGARD QUESTIONS 1, 2, AND 3 BELOW.				
INVENTORY	DATE	AMOUNT	NATURE OF STOCK AS PER LAST INVENTORY	PERCENTAGE
1. LAST STOCK INVENTORY			ANTIQUE FURNITURE	%
2. PREVIOUS STOCK INVENTORY (AT LEAST SIX MONTHS PRIOR)			ANTIQUE GLASSWARE, PORCELAINS, STATUARY	%
3. MAXIMUM AMOUNT OF STOCK DURING LAST YEAR DID NOT EXCEED:			ANTIQUE SILVER AND SILVER PLATE	%
ESTIMATED AVERAGE DAILY AMOUNT OF PROPERTY OF OTHERS DURING PAST YEAR			PAINTINGS AND ETCHINGS	%
OTHER STOCK (DESCRIBE):				%

LIMITS OF LIABILITY REQUIRED

\$	WHILE ON PREMISES OF APPLICANT						
\$	WHILE ON PREMISES OTHER THAN STATED ABOVE						
\$	WHILE IN TRANSIT BY AUTOMOBILE OR TAXI-CAB OR MESSENGER						
\$	WHILE IN TRANSIT BY RAILWAY EXPRESS AGENCY, INC. AND/OR PUBLIC TRUCKMEN (It being warranted by the Applicant that such shipments will be declared to the Carrier for at least 20% of their value.)						
\$	WHILE IN TRANSIT BY OTHER CONVEYANCES (It being warranted by the Applicant that such shipments will be fully valued to the Carrier.)						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">Signature of Applicant</th> <th style="width: 20%; text-align: center;">Title</th> <th style="width: 30%; text-align: center;">Date</th> </tr> </thead> <tbody> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </tbody> </table>		Signature of Applicant	Title	Date			
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