



# ESSEX INSURANCE COMPANY

## APPLICATION FOR FINE ARTS DEALER'S POLICY

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

### 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

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

### INVENTORIES OF ALL PROPERTY

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

<b>IF YOU ATTACH AND EXACT MONTHLY INVENTORY, EACH DATED, FOR THE LAST TWELVE MONTHS;</b>
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**DISREGARD QUESTIONS 1, 2, AND 3 BELOW.**

<b>INVENTORY</b>	<b>DATE</b>	<b>AMOUNT</b>	<b>NATURE OF STOCK AS PER LAST INVENTORY</b>	<b>PERCENTAGE</b>
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.)		
<b>Signature of Applicant</b>		<b>Title</b>	<b>Date</b>