FINE ARTS INSURANCE APPLICATION For Museum Collections and Temporary Loans

System Member:			
Department Name:			
Department Contact:	Phone #:		
Title:	Email:		
Mailing Address:			
-			
-			
Requested Effective Data (If applicable)	es: TO		
FACILITIES INFORMATION			
Are you A. A. M. accredited? If not, please elaborate on staff training for packing and shipping:			
Type of Building Construc	ction: Brick Frame		
Date Built:	Date Remodeled:		
Was the building designed for a museum? Yes No			
If not, please indicate original purpose:			
Please note: A safety and security inspection may be required by the Insurance Company			
FIRE PROTECTION INFORMATION			
Is the Building:	 Fire Proof (non-combustible construction materials) Fire resistant 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 conne	cted to the local fire department?		
Does the building have an	approved sprinkler system?		
Are there any other approv	ved fire suppression systems in place?		
If yes, please describe:			



The Texas A&M University System

System Risk Management 301 Tarrow St., 5th Floor• College Station, Texas 77840-7896 Phone 979.458.6330 • Fax 979.458.6247 • Campus Mailstop 1262 •

Email: rms-insurance@tamus.edu

FINE ARTS INSURANCE APPLICATION
For Museum Collections and Temporary Loan

SECURITY INFORMATION			
Is your premises protected by a central station burglar alarm? Yes No Please describe your system:			
Number of guards: When open:	When closed:		
PERMANENT COLLECTION INFORMATION			
	: No <u>Sculpture</u> <u>%</u> Fragile Indoor Outdoor <u>%</u> Non-Fragile <u>% %</u> <u>%</u> %		
TEMPORARY LOANS INFORMATION			
Premises limit: International limit: Transit limit: Any other location US & Canada limit: Describe any unique or special requirements: International limit: Please attach an estimated exhibition schedule for the upcoming year			
REQUESTED INSURANCE COVERAGE			
Combined permanent collection & temporary loans premises limit:			
Applies only to owned objects			
LOSS INFORMA	TION SECTION		
Briefly describe all losses within the last five (5) years, whether insured or not. Include dates of loss if available.			
Completed By Date			
The Texas A&M University System System Risk Management 301 Tarrow St., 5 th Floor• College Station, Texas 77840-7896 Phone 979.458.6330 • Fax 979.458.6247 • Campus Mailstop 1262 •			

Email: rms-insurance@tamus.edu

×