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

×