



Artist Studio Insurance Application

General Information

Named Insured:	
Select Entity Type:	
Studio Address, City, State, Zip:	
Mailing Address, City, State, Zip:	
Contact Person:	
Phone:	
Email:	
Website:	
Year Business Established:	
Description of Art Practice:	

Business Details

Annual Gross Sales \$	
Square Footage of Studio	

Insurance History

	Yes / No
Any insurance declined or cancelled in the past 3 years?:	
Any insurance losses (paid claims) in the past 3 years?	
Any prior insurance coverage? If yes, provide details below.	

Policy Type	Insurance Company	Policy Number	Expiration Date

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Coverages

Effective Date _____

General Liability

Coverage	Limit	Deductible
Occurrence		N/A
Aggregate		N/A

Automobile

Coverage	Limit	Deductible
Hired & Non-Owned Auto Liability		N/A

Workers Compensation*

Coverage	Limit	Deductible
Statutory Limits		N/A

****If you requested workers comp coverage, please complete the following:***

Number of full-time employees	
Number of part-time employees	
Total Annual Compensation (pay)	

Other

Coverage	Limit	Deductible
Fine Art		
Business Personal Property (Contents)		
Electronic Data Processing Equipment (Computers)		

Note: Availability of coverage will depend on individual risk characteristics and the state in which the insured is located.

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THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE INSURER, BUT IT IS AGREED THAT THIS FORM SHALL BE THE BASIS FOR THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT MAY BE ATTACHED TO AND MADE PART OF THE POLICY. THE APPLICANT REPRESENTS THAT IF THE INFORMATION SUPPLIED ON THIS APPLICATION CHANGES BETWEEN THE DATE OF THIS APPLICATION AND THE TIME THE POLICY IS ISSUED, THE APPLICANT WILL PROVIDE WRITTEN NOTIFICATION OF SUCH CHANGES.

Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance 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, HI, NE, OH, OK, OR, VT). In DC, LA, ME, TN and VA, insurance benefits may also be denied.

Applicant Signature: _____

Date: _____