



NEW ENGLAND INSURANCE SERVICES, INC.

P. O. BOX 63 ~ WEATOGUE, CT 06089
1-888-845-8288

CONSERVATOR INSURANCE APPLICATION

GENERAL INFORMATION

Name and Mailing Address of Applicant:
[Empty form fields]

Covered Location(s):
[Empty form fields]

Telephone Number:
[Empty form field]

Email Address:
[Empty form field]

LIMITS OF INSURANCE

Other Locations and Transit Limit are 25% of the Premises Limit unless otherwise requested below. Other Location Limit applies to locations not exceeding 90 days; otherwise, all such locations must be scheduled.

Table with 2 columns: Limit/Deductible description and Amount (\$). Rows include Covered Premises, Other Locations, and While In Transit.

CONSTRUCTION

Form with checkboxes for Fire Resistive, Non-combustible, Frame, and fields for Year Built, Building Improvements (Wiring, Roofing, Plumbing, Heating).

FIRE PROTECTION

Table with 3 columns: Question, Yes, No. Questions about fire detection/alarms and sprinkler systems.

ELECTRONIC SECURITY

Do you have an electronic security alarm system in operation throughout the building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your electronic alarm system ring to a central station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EXPERIENCE

Please provide a copy of your curriculum vitae.

Number of years in operation:		
Professional Affiliations:		
Do you have 3 years or more of basic conservation training?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have 3 years or more experience in a specialized field?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EXPOSURE

Average value at risk: \$		
Maximum value of a single item: \$		
How many jobs are at your studio at any one time?		
Do you document the treatment process for each job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive the owner's written approval before proceeding on treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are all materials and methods used for treatment within the range of competence of the applicant using currently accepted practices?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Total Gross Receipts for the past 12 months: \$		
Total Gross Receipts for the previous 12 months: \$		
Average charge per item: \$		
Average number of jobs for the past 12 months:		
Is covered property stored in a basement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a history of water back-up from a drain and/or sewer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Name of current insurance carrier:

LOSS HISTORY (Last 5 years)

Description of Loss	Amount of Loss	Date of Loss
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

ADDITIONAL INFORMATION REQUIRED

- * Please provide a copy of your receipt, agreement or contract.
- * A copy of the curriculum vitae shall be submitted with this application.

Fair Credit Report Act Notice: PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM 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, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

State Fraud Warnings:

APPLICABLE IN COLORADO

IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA

WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS, IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

APPLICABLE IN FLORIDA

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

APPLICABLE IN HAWAII

FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

APPLICABLE IN WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

Signing this form does not bind the proposer to complete this insurance.

Name of Applicant

Title

Signature of Applicant

Date

Signature of Producer

Date