

STATE OF IDAHO  
DEPARTMENT OF ADMINISTRATION  
BUREAU OF RISK MANAGEMENT  
REQUEST FOR INSURANCE

FINE ART INSURANCE POLICY

TO: Office of Insurance Management, Risk Management

FROM:

Please insure the artwork listed on the attached schedule.

Artist's Name: \_\_\_\_\_

Date(s) of Exhibition:

Location of Exhibition: \_\_\_\_\_  
(Gallery Name, Building)

Type of Artwork:      Number of Pieces (attach schedule):

\_\_\_\_\_

Total Value of Exhibit: \$ \_\_\_\_\_

Insurance Coverage to Begin:

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Is insurance requested for transit (select one)?      Yes \_\_\_\_\_ No \_\_\_\_\_

Shipped To: \_\_\_\_\_

From:

Packed by: \_\_\_\_\_

Date of Packing:

\_\_\_\_\_  
Signature of Requesting Department

\_\_\_\_\_  
Signature RM Coordinator