

# Fine Art Insurance Policy

State of Idaho Department of Administration  
Bureau of Risk Management  
Request for Insurance

**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:** \_\_\_\_\_

**Type of Artwork:** \_\_\_\_\_

**Number of Pieces (attach schedule):** \_\_\_\_\_

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

Insurance Coverage to Begin: \_\_\_\_\_

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

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

Packed by: \_\_\_\_\_ Date of Packing: \_\_\_\_\_

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

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