

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

FINE ART INSURANCE POLICY

TO: State of Idaho Risk Management Program  
FROM: University of Idaho

Please insure the artwork listed on the attached schedule.

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

Date(s) of Exhibition: \_\_\_\_\_

Location of Exhibition: \_\_\_\_\_

Insurance Coverage To **BEGIN** \_\_\_\_\_ **END** \_\_\_\_\_

State for each piece(s): Name of Piece, Type of Artwork, Medium Used, Dimensions,  
And Value (or attach schedule):

\_\_\_\_\_

Total Number of Pieces: \_ \_\_\_\_\_

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

\*\*\*\*\*

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

Shipped **TO** \_\_\_\_\_ **FROM** \_\_\_\_\_

Packed by \_\_\_\_\_, \_\_\_\_\_  
(Date of Packing)

Shipped **FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

Packed By: \_\_\_\_\_, \_\_\_\_\_  
(Date of Packing)

Signature of R.M. Coordinator: \_\_\_\_\_