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: $_____

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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: _____

FAIP – 10/1/01