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 \textbf{BEGIN} \underline{____________________} \textbf{END} \underline{____________________}  

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)? \textbf{Yes} \underline{_______} \textbf{No} \underline{________}  

Shipped \underline{TO} \textbf{________________________} \underline{FROM} \textbf{________________________}  

Packed by \underline{__________________________}, \underline{__________________________} \underline{(Date of Packing)}  

Shipped \underline{FROM} \textbf{________________________} \underline{TO} \textbf{________________________}  

Packed By: \underline{__________________________}, \underline{__________________________} \underline{(Date of Packing)}  

Signature of R.M. Coordinator: \underline{___________________________________}  

FAIP – 10/1/01