



FINE ARTS EXHIBIT COVERAGE REQUEST

Please submit your request to:

Risk Management

BH-346, MS0123

RiskManagement@csulb.edu

Date: _____

Must be submitted 10 business days prior to effective date of coverage.

Permanent installation

Installation Date: _____

Name of Exhibit: _____

Name of Lender*: _____

Address of Lender: _____

City: _____ State: _____ Zip Code: _____

Temporary Exhibit: inclusive loan dates

From _____ Through _____

(*If multiple art pieces are provided by various artists/owners, please enter "see attached" as name of Lender above and include the names and addresses on the inventory page of this form.)

Is Transit Coverage Required? Yes No en route to CSULB from CSULB

Name of Shipper: _____

Shipping Origin

Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Return to

Address: _____

City: _____ State: _____ Zip Code: _____

Value of Exhibit (USD): \$ _____

Display Location of Exhibit: _____

Risk Management will invoice your department/college to reimburse the cost of the premium for this Exhibit. Invoicing will take place quarterly.

NOTE: In order to process this request in a timely manner, you must attach:

- 1. Copy of the Exhibit loan agreement
- 2. A completed Inventory of Fine Arts Listing form

Name: _____ Position/Title: _____

Department/College: _____

Fiscal Expenditure Authorized by:

Name: _____ Position/Title: _____

Signature _____ Date: _____

INVENTORY OF FINE ARTS LISTING

Item No.	Name of Lender/Artist/Owner Address (street, city, state, zip code)	Art Type	Title of Piece	Value of Piece (USD)	If Part of a Set, Enter Piece Number/s

TOTAL VALUE: \$

Name: _____

Signature: _____

Date: _____