



CALIFORNIA STATE UNIVERSITY, LONG BEACH
FINE ARTS EXHIBIT COVERAGE REQUEST

Please submit your request to:

Risk Management
1250 Bellflower Boulevard
Long Beach, CA 90840
FAX 562-985-2411

Date: \_\_\_\_\_

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

Permanent installation:

Installation date: \_\_\_\_\_

Temporary Exhibit: inclusive loan dates

From \_\_\_\_\_ through \_\_\_\_\_

Name of Exhibit: \_\_\_\_\_

Name of Lender\*: \_\_\_\_\_

Address of Lender: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

(\*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/s for this Exhibit. Invoicing usually occurs the month following the end of the next fiscal quarter.

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 \_\_\_\_\_ Campus Telephone No \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

