



**Idaho State
University**

Fine Art Insurance Policy

**State of Idaho Department of Administration Bureau of Risk Management
Request for Insurance**

TO: Office of Insurance Management, Risk Management

ISU DEPARTMENT: _____

Please insure the artwork listed on the attached schedule.

Artist's Name: _____

Date(s) of Exhibition: _____

Location of Exhibition: _____

Type of Artwork: _____

Number of Pieces (attach schedule): _____

Total Dollar Value of Exhibit: _____

Insurance Coverage to Begin: _____

Any Additional Info:

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

Shipped To: _____ From: _____

Packed by: _____ Date of Packing: _____

REQUESTING DEPARTMENT

RISK MANAGEMENT

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date: _____

Date: _____