

**ART EXHIBIT PROTECTION MEMORANDUM**  
**University of Wisconsin - \_\_\_\_\_**  
**(Attach this form for each lender)**

**GENERAL**

Your property is protected by the State of Wisconsin Self-funded Property Program for the actual cash value at the time of the loss. The dollar amount shown after each item on the list of items to be covered is the maximum amount that would be paid out for a total loss. This does not mean that the maximum will be paid out automatically.

In order to determine the value at the time of the loss various factors will be considered. A professional appraisal is required for all items that are valued at \$10,000 or more and is recommended for any rare, irreplaceable or unusual items.

**ART EXHIBITS OWNED BY AN ART GALLERY**

Galleries are expected to have documentation as to price paid for the piece of art and the selling price of similar works of art by the same artist.

**ART EXHIBITS OWNED BY THE PROFESSIONAL ARTIST(S)**

Generally, one-person shows or group shows will fall under this category. In case of loss, the artist will be required to furnish appraisals or proof of previous sales of similar works to document the value placed on the exhibit.

**EXHIBITS BY ART COLLECTORS**

For shows that are owned by an individual collector and collected over a period of time, the collector will be expected to show sales receipts or professional appraisals of rare and expensive items to verify values.

**ART EXHIBITS BY NON-PROFESSIONALS**

Generally, this class refers to one-person shows put on by art students, such as M.F.A. shows. Unless the artist has had previous sales of similar works of art, the value will be negotiated between the State of Wisconsin Self-funded Property Program and the artist, using such information as appraisals of remaining works, proof of time and material values, photographs of displayed works, and previous awards.

I Understand the Provisions of this Notice:

Exhibit Dates:

\_\_\_\_\_  
Signature of Artist, Lender, or Exhibitor & Date

From \_\_\_\_\_ To \_\_\_\_\_

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**REQUEST FOR ART EXHIBIT COVERAGE**

To be submitted along with an itemized list of artwork and individual values.

\_\_\_\_\_  
Department

\_\_\_\_\_  
Person in Charge of Exhibit

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Location of Exhibit

From \_\_\_\_\_ To \_\_\_\_\_  
Possession Dates (all-inclusive)

\_\_\_\_\_  
Number of Pieces

\_\_\_\_\_  
Total Value

\_\_\_\_\_  
Signature of Campus Risk Manager & Date

PLEASE TYPE OR PRINT NEATLY - ALL INFORMATION MUST BE SUPPLIED

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ Place of Employment \_\_\_\_\_

Exhibition Dates - From \_\_\_\_\_ To \_\_\_\_\_

ITEMS TO BE INSURED

	<u>TITLE</u>	<u>MEDIA</u>	<u>VALUE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____
10.	_____	_____	_____
11.	_____	_____	_____
12.	_____	_____	_____
13.	_____	_____	_____
14.	_____	_____	_____
15.	_____	_____	_____
16.	_____	_____	_____
17.	_____	_____	_____
18.	_____	_____	_____

TITLE

MEDIA

VALUE

19.		
20.		
21.		
22.		
23.		
24.		
25.		
26.		
27.		
28.		
29.		
30.		
31.		
32.		
33.		
34.		
35.		
36.		
37.		
38.		
39.		
40.		
41.		
42.		

TOTAL \$ \_\_\_\_\_

GRAND TOTAL \$ \_\_\_\_\_