

FINE ARTS EXHIBIT INSURANCE

PLEASE EMAIL A COMPLETED FORM TO MELISSA.FRANK@UCONN.EDU. THIS FORM MUST BE RECEIVED BY MELISSA FRANK AT LEAST 10 DAYS PRIOR TO EXHIBIT START DATE IN ORDER TO BE ADDED TO THE EXHIBIT INSURANCE POLICY!

Contractor of exhibit and address		Type of Exhibit
Shipping Information		Number of Pieces
Type of Insurance carried by owner	Amount of Insurance carried by owner	Total Value to be Insured by University
Exhibition Start Date	Exhibition End Date	Location of Exhibition

ARTIST	NAME OF PIECE	VALUE

TOTAL:		
Chairman of sponsoring committee (Print):	Signature:	Date: Dept Phone #/Unit #: