

FLORIDA COLLEGE SYSTEM RISK MANAGEMENT CONSORTIUM

ART COVERAGE REQUEST FORM

DATE: _____

TO: College Risk Management Coordinator

FROM: _____
(Risk Management Coordinator)

(College)

Coverage confirmed by
FCSRMC
Date: _____
Initial: _____

SUBJECT: **Request for Fine Arts Coverage**

Please be advised that coverage is requested for the art works in the exhibit listed below. **Please see qualifications below to determine if an attachment is required.**

NAME OF EXHIBIT: _____

LOCATION OF EXHIBIT: _____
(Campus)

(Building) *(Room #)*

DATES ON CAMPUS: From: _____ To: _____

EXHIBIT DATES: From: _____ To: _____

TOTAL VALUE OF EXHIBIT: _____

ADDITIONAL INFORMATION: _____

Risk Management Coordinator Signature: _____ Date: _____

QUALIFICATIONS

If either of the following applies to your exhibit, you must attach a detailed list of the entire exhibit including the name of the individual pieces, the artist's name, and the value of each piece.

- If your exhibit contains any one piece of artwork valued at \$25,000 or greater
- If the total value of your exhibit is \$50,000 or greater