



ARTWORK INSURANCE FORM

PLEASE PRINT

This form must be completed and submitted to the Library 1 week prior to the exhibit installation.

The following has been delivered to the Victoria Ave. location of the Niagara Falls Public Library.

Exhibit start date: _____ Exhibit end date: _____

Contact Name: _____

Address: _____

Phone: _____ Email: _____

The library will not be liable for more than the amount set opposite each article, as listed on this form. In the event of loss or damage, the exhibitor shall provide further evidence satisfactory to the Library to substantiate the value (i.e. evidence of the amounts of similar items sold or professionally appraised). The Library must be informed immediately if a change is made to this list.

List of all items to be exhibited

	Title of Artwork	Artwork Description	Value
1			
2			
3			
4			
5			
6			
7			

	Title of Artwork	Artwork Description	Value
8			
9			
10			
11			
12			
13			
14			
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16			
17			
18			
19			
20			
21			
22			

Exhibitors signature _____ Date _____