

# ART EXHIBIT REPORT FORM FOR INSURANCE COVERAGE

This form must be completed for each exhibition sponsored and insured by Colorado State University.  
Insurance will not go into effect before a complete report and itemized schedule is submitted to:

Risk Management and Insurance  
141 General Services Building 6002  
Fax: 491-4804  
e-mail: [joyce.pratt@colostate.edu](mailto:joyce.pratt@colostate.edu)

INITIAL NOTIFICATION OF EXHIBIT     REVISED INFORMATION ON EXHIBIT   
Insurance required for:  Exhibit     Transit to CSU     Transit from CSU  
Submittal Date: \_\_\_\_\_  
Sponsoring Department: \_\_\_\_\_    Responsible Individual: \_\_\_\_\_  
Phone#: \_\_\_\_\_    Fax: \_\_\_\_\_  
Exhibit Title: \_\_\_\_\_    Value: \_\_\_\_\_  
Exhibit Location: \_\_\_\_\_  
Dates of Exhibit: From: \_\_\_\_\_    To: \_\_\_\_\_  
Insurance Coverage Dates Requested: From: \_\_\_\_\_    To: \_\_\_\_\_  
Will artwork be stored?  Yes     No    If Yes, Where? \_\_\_\_\_

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## Transit to CSU

Who will pack artwork? \_\_\_\_\_  
From: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_    State: \_\_\_\_\_  
Ship Date: \_\_\_\_\_    Arrival Date: \_\_\_\_\_  
Method of Travel: \_\_\_\_\_    Name of Carrier: \_\_\_\_\_

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## Transit from CSU

Who will pack artwork? \_\_\_\_\_  
To: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_    State: \_\_\_\_\_  
Ship Date: \_\_\_\_\_    Arrival Date: \_\_\_\_\_  
Method of Travel: \_\_\_\_\_    Name of Carrier: \_\_\_\_\_

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Comments:

Item #	Owner Name	Title of Work	INV# or Blank	Artist	Media	Size or Blank	Value
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Item #	Owner Name	Title of Work	INV# or Blank	Artist	Media	Size or Blank	Value
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