



## Nevada System of Higher Education

### FINE ARTS EXHIBIT COVERAGE REQUEST

Please submit this request to: \_\_\_\_\_ Date Form Submitted: \_\_\_\_\_

BCN Risk Management, Fax: (775) 784-4363, Mail Stop 241, Reno NV 89557  
BCS Risk Management, Fax: (702) 895-4690, CSB-119 (1042) UNLV, Las Vegas NV 89154

\*Note: Coverage requests must be submitted 5 days prior to requested effective date of coverage.

Inclusive Dates of Exhibit: \_\_\_\_\_ Through: \_\_\_\_\_

Name of Exhibit: \_\_\_\_\_

Name of Lender: \_\_\_\_\_

Address of Lender: \_\_\_\_\_

Is Transit Coverage Required? \_\_\_\_\_ En route to Campus? \_\_\_\_\_ From Campus? \_\_\_\_\_

Shipping Origin Address: \_\_\_\_\_

Shipping to (end of Exhibit): \_\_\_\_\_

Value of Exhibit: \_\_\_\_\_

Where will Exhibit be displayed: \_\_\_\_\_

Must attach:

- 1) Copy of Art Loan Agreement
- 2) Exhibit Inventory Form with values

Requested by:

Name/Position/Department: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized by: Dean/Director: \_\_\_\_\_ (Signature)

Date: \_\_\_\_\_ Phone: \_\_\_\_\_