



# Library Application

Name of Library: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Effective Date of Coverage: \_\_\_\_\_ Current Premium: \_\_\_\_\_

Need By Date: \_\_\_\_\_

## Liability Information

Limit of Liability: \_\_\_\_\_

Umbrella Coverage: \_\_\_\_\_ Limit: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Number of Volunteers: \_\_\_\_\_

Total Payroll: \_\_\_\_\_

Total Square Footage (all locations): \_\_\_\_\_

## Property Information

Total Building Limit: \$ \_\_\_\_\_

Total Contents Limit: \$ \_\_\_\_\_

Please attach a property statement of values if available.

Sprinklered: Yes \_\_\_\_\_ No \_\_\_\_\_

Inland Marine Information

Library Materials Limit: \$ \_\_\_\_\_

(Please complete and attach the Library Material's Calculator)

Library Materials in Storage: (\$5,000 automatically included) \$ \_\_\_\_\_

Library Materials on Exhibition: (\$5,000 automatically included) \$ \_\_\_\_\_

Library Materials in Transit: (\$5,000 automatically included) \$ \_\_\_\_\_

Library Materials on Loan: (\$5,000 automatically included) \$ \_\_\_\_\_

All other Library Materials Away From Premises: \$ \_\_\_\_\_  
(\$5,000 automatically included)

Unscheduled Rare Books and Periodicals: \$ \_\_\_\_\_  
(\$1,000 automatically included)

Scheduled Rare Books and Periodicals: \$ \_\_\_\_\_

Fine Arts Limit: \$ \_\_\_\_\_

Total Computer Limit: \$ \_\_\_\_\_

Total Inland Marine Limit: \$ \_\_\_\_\_

Automobile Information

Number of Automobiles (Not including bookmobiles): \_\_\_\_\_

Approximate Value of All Vehicles (Not including bookmobiles): \$ \_\_\_\_\_

Please advise if the library has any bookmobiles:

Yes \_\_\_\_\_ No \_\_\_\_\_ How many: \_\_\_\_\_ Vehicle(s) value: \$ \_\_\_\_\_

Desired Deductibles: Comprehensive: \$ \_\_\_\_\_

Collision: \$ \_\_\_\_\_

Auto Med Pay Limits: None \$1,000 \$2,500 \$5,000 \$10,000

Uninsured/Underinsured Motorists: None \$50,000 \$250,000  
\$500,000 \$1,000,000

Current Carrier Information

Name of Current Carrier: \_\_\_\_\_

Number of Years with your Current Carrier: \_\_\_\_\_

Claim Information

Please provide details regarding all losses over the past 4 years, including the amount paid for each loss. If possible, please provide loss runs.

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Notes

Please advise if there are any unique or additional exposures that should be noted. If so, please describe. (Cooking facilities, Coffee Bar, Book Fairs, Summer Recreation Programs)

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Please return completed application to:

Hylant Administrative Services  
Attn: Jason Chapman  
811 Madison Ave., 11<sup>th</sup> Floor  
Toledo, OH 43603-2083  
Phone: 419-230-5790  
Fax: 419-259-6099

## SIGNATURE CLAUSE

**Entity's Attestation**- The authorized signatory of this application attests to the best of his/her knowledge that statements made in the application and any attachments to the application are true: that no fact, circumstances or situation indicating the probability of a claim or action now known to any public official or employee has not been declared; and it is agreed by all concerned that omission of such information shall exclude any such claim. Signing of this application does not bind the signatory to purchase the coverage but it is agreed this application and its attachments, shall be the basis of a policy quotation if one is offered.

Any person who knowingly and with intent to defraud, any insurance company, Plan, Pool, or other person, files an application for coverage or statement of claim containing any materially false information or conceals information concerning any material fact, for the purpose of misleading, commits a fraudulent act, which is a crime and subjects such person to criminal penalties.

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Entity Name

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Authorized signatory for entity

Date

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Title

Phone Number

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Agent's signature

Date