

INDIVIDUAL APPRAISAL OF FINE ARTS FORM
WAIVER OF APPRAISAL OF FINE ARTS FORM

This form must be completed on all items being exhibited and retained by the exhibit Chair. An Appraisal of Fine Arts Summary Form (Form 2) must be compiled from these forms and sent to Headquarters **BEFORE** the show opens.

To access this document, right click on the hyperlink below (You MUST be logged into EGA to access via the hyperlink!)

https://egausa.org/app/uploads/2024/10/protected-exhibit_insurance_forms_oct2024.pdf

OR

Contact Rand Duren rduren@egausa.org

The Embroiderers' Guild of America
Appraisal of Fine Arts For
Chapter or Region Exhibits or Shows

Form 1

EGA's insurance contains a *Fine Arts Floater* that is designed to protect needlework pieces owned or in the care, custody, or control of EGA, its regions, or its chapters. Pieces owned by individual members are covered while on exhibit or while being transported to exhibits or shows by chapter, regions, or the national organization. While a piece remains in the owner's home or while it is being transported by its owner (shipment to exhibit), it is not covered by EGA insurance. The coverage limit for the Exhibitions is \$275,000 total loss with a \$10,000 per item limit. A \$500 deductible applies to each occurrence. This means one \$500 deductible will be deducted from the total stated values of all items for which a claim has been made.

Example: Five (5) exhibitors have presented a claim for \$6,000 total. The \$500 deductible will be prorated between the five (5) exhibitors.

In order to be covered it is necessary to fill out and sign the following form or include an appraisal by a qualified third party.

PLEASE PRINT OR TYPE

Name of Chapter/Region _____

Exhibit Date(s) _____

Name of Exhibitor _____ Phone _____

Address _____

Name of Piece _____

Technique(s) _____

Designer's Name _____

Cost of Materials \$ _____

Labor is computed by multiplying the total number of hours spent in completing the piece, by the current minimum federal wage of your state

Cost of Finishing \$ _____

Labor* _____ hrs. x _____ min wage \$ _____

TOTAL \$ _____

How many of like item? _____ x Total \$ _____

I understand that the deadline for filing a claim for loss or damage is three (3) months following the close of the exhibit.

Signature _____ Date _____

EITHER THIS FORM, OR A WAIVER OF APPRAISAL OF FINE ARTS FORM, MUST BE FILLED OUT FOR EACH PIECE. IF A FORM IS NOT SENT TO THE EXHIBIT CHAIR OR INCLUDED WITH THE PIECE, THE PIECE WILL BE RETURNED IMMEDIATELY ON RECEIPT. THE DESIGNER'S NAME MUST BE INCLUDED

NOTE:
A written appraisal by a qualified third party will be accepted in lieu of this form.

This form must be completed on all items being exhibited and retained by the exhibit Chair. An *Appraisal of Fine Arts Summary Form* (Form 2) must be compiled from these forms and sent to Headquarters BEFORE the show opens.

The Embroiders' Guild of America
Appraisal of Fine Arts Summary Form

Form 2

<u>Exhibitor's Name</u>	<u>Name of Piece</u>	<u>Appraisal Value</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

If necessary, additional items may be listed on a separate page(s).

Name of Chapter/Region _____

Exhibit Date(s) _____

Exhibit Location _____

Completed by _____

Date _____

This form must be completed, listing all items being exhibited, and mailed before the show opens, to:

The Embroiders' Guild of America, Inc.
501 Baxter Ave, Suite 200
Louisville, KY 40206

This form may also be filed electronically. Send to: egahq@egausa.org

Waver of Appraisal of Fine Arts Form

Form 3

It is mutually understood and agreed that I, _____, have knowingly and willingly chosen to exclude my embroidery pieces from the coverage afforded the EGA, its regions, its chapters, and its members for the exhibition located at _____ for the period _____. I hereby acknowledge my awareness that coverage for my embroidery pieces is available under the EGA national insurance program, but I have voluntarily chosen not to complete the Individual Appraisal of Fine Arts form, which needs to be completed no less than five (5) days prior to the first day of the exhibition period listed above, thereby voluntarily excluding any and all of my exhibited pieces of embroidery from the coverage offered under the EGA national insurance program.

EITHER THIS FORM, OR THE INDIVIDUAL APPRAISAL OF FINE ARTS FORM, MUST BE FILLED OUT FOR EACH PIECE. IF THE FORM IS NOT RETURNED TO THE EXHIBIT CHAIR OR INCLUDED WITH THE PIECE, IT WILL BE RETURNED IMMEDIATELY ON RECEIPT. THE DESIGNER'S NAME MUST BE INCLUDED. 2/07

<p>Title of Piece: _____</p> <p>Designer's Name: _____</p> <p>Technique: _____</p>

Signed this _____ day of _____, 20____

Signature _____
(Member/Exhibitor)

Chapter Name _____

[Microsoft Word - Blank Document, FRP Letterhead](#) (Link to this form on the EGA website) (You MUST be logged into EGA to access via the hyperlink!)



PO Box 221649
Louisville, KY 40252

Request for Certificate of Insurance for The Embroiderers' Guild of America, Inc.

Name and Address of Chapter or Region:

Person or Place and Address Requesting Proof of Insurance (Certificate Holder):

Reason for Certificate (Exhibition Location, Meeting, etc.):

Email Address to Send Requested Certificate:

Date: _____

This form is used only when you are required to give someone proof that you are insured. (for

For faster response, please email request to:

spetty@foundationrp.com

Or mail to:

Foundation Risk Partners

Attn: Shannara Petty

9700 Ormsby Station Rd, Ste 200

Louisville, KY 40223

example: the museum where you want to have your show requires “proof of insurance” before they will allow you to hang the pieces).