

ART EXHIBIT PROTECTION MEMORANDUM
University of Wisconsin - River Falls

GENERAL

Your property is protected by the State of Wisconsin Self-funded Property Program for the actual cash value at the time of the loss. The dollar amount shown after each item on the list of items to be covered is the maximum amount that would be paid out for a total loss. This does not mean that the maximum will be paid out automatically.

In order to determine the value at the time of the loss various factors will be considered. A professional appraisal is required for all items that are valued at \$10,000 or more and is recommended for any rare, irreplaceable or unusual items.

ART EXHIBITS OWNED BY AN ART GALLERY or PROFESSIONAL ARTIST

Galleries are expected to have documentation as to price paid for the piece of art and the selling price of similar works of art by the same artist. Generally, one-person shows or group shows will fall under this category. In case of loss, the artist will be required to furnish appraisals or proof of previous sales of similar works to document the value placed on the exhibit.

EXHIBITS BY ART COLLECTORS

For shows that are owned by an individual collector and collected over a period of time, the collector will be expected to show sales receipts or professional appraisals of rare and expensive items to verify values.

ART EXHIBITS BY NON-PROFESSIONALS

Generally, this class refers to one-person shows put on by art students, such as Art Seminar students or M.F.A. shows. Unless the artist has had previous sales of similar works of art, the value will be negotiated between the State of Wisconsin Self-funded Property Program and the artist, using such information as appraisals of remaining works, proof of time and material values, photographs of displayed works, and previous awards.

I Understand the Provisions of this Notice:

Signature of Artist, Lender, or Exhibitor & Date

REQUEST FOR ART EXHIBIT COVERAGE

(To be submitted **along with** an itemized list of artwork and individual values.)

<p>_____ Name of Exhibitor</p>	<p>_____ Person in Charge of Exhibit (if different than exhibitor)</p>	
<p>_____ Phone Number</p>	<p>_____ Email Address</p>	
<p>_____ Location of Exhibit (Gallery, Recessed Case, area table case, open-area installation, etc.)</p>	<p>From: _____ To: _____ Exhibit Dates</p>	
<p>_____ Number of Pieces</p>	<p>\$ _____ Total Value</p>	<p>_____ Signature of Campus Risk Manager & Date</p>

Return this form to:
Department of Public Safety
27 South Hall
410 South Third Street
River Falls, WI 54022
715-425-3133
publicsafety@uwrf.edu