



Application Form for Insurance Retail Replacement and Marketable Cash Value Appraisals

Date: _____ **PLEASE PRINT CLEARLY and FOLLOW THE PHOTOGRAPHY INSTRUCTIONS ON THE WEBSITE**

Full Legal Name of Owner(s): _____ Name of Agent: _____

Address: _____

City: _____ State: _____ Zip code: _____

Email: _____ @ _____ Telephone: (____) _____

Names and or Positions of ALL Intended Users (attorneys, accountants, etc. Use separate sheet if needed)

Type of Appraisal Desired: Insurance Replacement _____ Marketable Cash Value _____

Please attach SEVEN REQUIRED PHOTOGRAPHS AS JPEGS, any invoices, previous appraisals, or other pertinent information when submitting this form.

ABOUT THE ITEM TO BE APPRAISED.....

Artist: _____ Signed _____ Unsigned _____ Signed on Back _____

Title/ Description _____ Medium _____ Dated: _____

Year Acquired: _____ Method Acquired by: Purchase _____ (attach receipt if possible) Bequest _____ Gift _____ Other _____

Dimension (without frame) _____" High by _____" Wide Total Dimension (including frame) _____" High by _____" Wide

Visible Markings or Writing on the Back _____

Previous Restoration: _____ Yes _____ No _____ Don't Know _____ Year/ Restored by: _____

Frame Details: _____

History of the Piece (if known, be specific) _____

Please charge my credit card: CC: _____ Exp: ____/____ Sec. Code: _____, Billing Zip _____

You may also use PayPal and Venmo

EMAIL FORM: Scan completed form, documentation, and images as 1 MP, JPEG attachments to: **Kathleen@FloridaArtAppraisals.com**

Upon completion of your report, you will receive an invoice via email. Once payment is received, your completed appraisal will be emailed to you as a PDF Document. Please allow 6-8 weeks for completion. Rush orders will be assessed an additional charge of \$100. Research time billed at \$100 per hour.

Email: Kathleen@FloridaArtAppraisals.com or Call 772-519-9019 with any questions

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