



Application Form for Insurance Retail Replacement and Marketable Cash Value Appraisals

Date: _____ **PLEASE PRINT CLEARLY and FOLLOW THE PHOTOGRAPHY INSTRUCTIONS ON 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 (Net Selling Price) _____

Please attach the Completed Form, plus MINIMUM OF 7 PHOTOGRAPHS (as 1 MB+ JPEG attachments) 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 by Owner: _____ Method Acquired by owner: Purchase _____ (receipt?) Bequest _____ Gift _____ Other _____

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

Visible Markings or Writing on the Back _____

Frame Details: _____

Previous Restoration: _____ Yes, Year/ Restored by (receipt?): _____ No _____ Don't Know _____

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 \$200. Research, travel &, onsite time billed at \$100 per hour.

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