



SOMERSET COUNTY LIBRARY SYSTEM OF NEW JERSEY

One Vogt Drive, P.O. Box 6700, Bridgewater, NJ 08807

T: 908.458.8400 F: 908.707.8324

Visit SCLSNJ.org

Display Insurance Information and Waiver

Statement: I understand that the Somerset County Library System of New Jersey will provide insurance for exhibits as follows:

- Exhibits must be on our premises.
- Coverage is excess over other primary insurance.
- Maximum limit for any one item is \$1,500.00.
- Deductible for each item is \$250.00.
- SCLSNJ will not be responsible for any exhibit left on the premises after 48 hours following the scheduled closing date of the exhibition.

Artist Name: _____

Address: _____

Telephone No.: _____

Date(s) of Exhibit: _____

Total Number of Pieces: _____

Name of Pieces with Estimated Values: (Use the back of this form for additional pieces and their value.)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.



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I hereby waive any claim I may have against the Somerset County Library System of New Jersey, its staff, volunteers, etc., for loss or damage to my property in their care other than provided by the above mentioned insurance.

Signature: _____

Signature Date: _____

Artwork will NOT be insured if this form is incomplete and/or not returned to the Somerset County Library System of New Jersey.