



A.E. BACKUS PAINTING FOR APPRAISAL
(Please use a separate form for each painting you wish to have appraised.)

If this painting has been previously appraised, please complete the questions on Page 2 of this form

DATE: _____ OWNER'S NAME: _____

ADDRESS: _____

CITY _____ ST. _____ ZIPCODE _____

DAY PHONE: _____ EVE./ CELL: _____

YEAR PAINTED (if this information is available): _____ YEAR ACQUIRED BY OWNER _____

SIGNATURE LOCATION: (ex. lower right, lower left, unsigned) _____

DIMENSIONS OF PAINTING _____" high x _____" wide MEDIUM _____

Note: please provide the size of the painting only—image area—not including the frame. Oil on board, oil on canvas, watercolor, etc.

TITLE OR SUBJECT OF PAINTING: _____

CONDITION: Please comment on cracking, damage, restoration _____

MARKINGS ON BACK OF PAINTING _____

HISTORY OF PAINTING (what do you know about its owners, inherited? – Attach another sheet if needed)

ONLY 4" X 6", COLOR, IN FOCUS IMAGES WILL BE ACCEPTED. PHOTOGRAPHS MUST BE IN FOCUS AND FREE OF GLARE. Your photographs must show the ENTIRE PAINTING AND THE ENTIRE FRAME, NO PART MAY BE CROPPED OFF. Write your name and the dimensions of the painting on the back of each photograph. Allow the ink to dry BEFORE STACKING the photographs.

1. ATTACH THREE CLEAR (3) PHOTOGRAPHS OF THE FRONT OF THE PAINTING
2. ATTACH ONE CLEAR (1) PHOTOGRAPH, SHOWING THE BACK OF THE PAINTING If the canvas or board is covered by paper, please remove the paper before photographing.
3. ATTACH ONE CLEAR (1) PHOTOGRAPH OF THE SIGNATURE ON THE PAINTING

- Check here if you want to have your painting considered for consignment.
- Check here if you wish to donate your painting to the Museum's collection.
- PLEASE ATTACH CHECK FOR \$100.00 per. PAYABLE TO: A.E. BACKUS MUSEUM (\$175.00 to make an appointment to bring it in and have us photograph it for you)

Return this form, the five 4" x 6", photographs and your check to:
A.E. BACKUS MUSEUM, 500 N. INDIAN RIVER DR., FT. PIERCE, FL 34950
Please allow at least 60 days for your appraisal

PLEASE COMPLETE THIS PORTION OF THE APPLICATION IF YOUR PAINTINGS HAVE BEEN PREVIOUSLY APPRAISED. IF YOU HAVE A COPY OF THE MOST RECENT APPRAISAL, PLEASE ATTACH IT.

IF A COPY OF THE APPRAISAL IS NOT AVAILABLE, PLEASE COMPLETE THE QUESTIONS BELOW

Date of Most Recent Appraisal: _____

Name and Address of Appraiser:

Title or description of painting listed on previous appraisal or on insurance policy fine art rider:

Value stated on previous appraisal: _____

Is this painting currently insured? _____

Is it listed on a Fine Arts Rider on your homeowner's insurance policy? _____

Current value insured for? _____