

COLLECTOR INSURANCE APPLICATION

NAME: _____

MAILING ADDRESS: _____

City: _____ State: _____ Zip: _____

PHONE: _____ EMAIL: _____

AMOUNT OF COVERAGE REQUESTED:

(A) BLANKET AMOUNT OF COVERAGE (UNSCHEDULED ITEMS UNDER \$5,000 OF VALUE)	(A) \$ _____
(B) TOTAL OF SCHEDULED ITEMS LISTED (ANY ITEM/SET VALUED AT \$5,000 OR MORE)	(B) \$ _____
TOTAL AMOUNT OF COVERAGE REQUESTED (A+B)	\$ _____

Scheduled Single Items or Sets Over \$5,000: (Individual Photos Required)

(Complete below or attach a separate list)

DESCRIPTION	VALUE

Estimate Percentage of Collection by Category (By Value, Not Quantity):

Advertising	Coins/Currency/Script	Jewelry	Records
Autographs	Entertainment Memorabilia	Kitchenware	Sports Cards/Memorabilia
Bears/Dolls	Ephemera	Knives/Swords	Stamps
Books/Comics	Fine Art	Militaria	Textiles
Bullion	Fishing/Hunting Items	Musical Instruments	Toys
Ceramics/China/Glass/Pottery	Furniture	Petroliana	Trains
Clocks	Guns (Post 1970)	Political Memorabilia	Video/Arcade Games
Coin Operated Machines	Guns (Pre 1970)	Posters	Wine
Other: _____		Other: _____	

1. What is your occupation? _____
2. How long have you been a collector? _____
3. Have you had prior collector insurance? Yes No
 - a. If yes, what carrier was it written with? _____
4. Is coverage being requested for any item(s) that is/are for sale? Yes No
5. What type of inventory records do you keep? None Written Computer Receipts Photos Other: _____
 - a. Where do you keep your inventory records? _____
 - b. Where do you keep the duplicate copy of your inventory records? On Premise Off Premise No Duplicate
6. Are any collectibles stored in a basement or below ground level? Yes No
 - a. If yes, describe the location where stored and storage conditions: _____
7. Are any collectibles stored or left outside? Yes No
 - a. If yes, describe where stored and security provided: _____

Location of Covered Property:

8. Primary Location
 - a. Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 - b. Type of Location: Home Office Public Storage Second Home Other: _____
 - c. Year Built: _____
 - d. Construction: Frame Masonry Steel Other: _____
 - e. Please identify all of the following at this location: Central Burglar Alarm System Deadbolts Cameras Motion Detectors
 Safe Fenced/Gated Central Fire Alarm Smoke Alarm Fire Extinguisher Other Securities: _____
 - f. Value of Collection at this location: \$ _____
9. Secondary Location
 - a. Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 - b. Type of Location: Home Office Public Storage Second Home Other: _____
 - c. Year Built: _____
 - d. Construction: Frame Masonry Steel Other: _____
 - e. Please identify all of the following at this location: Central Burglar Alarm System Deadbolts Cameras Motion Detectors
 Safe Fenced/Gated Central Fire Alarm Smoke Alarm Fire Extinguisher Other Securities: _____
 - f. Value of Collection at this location: \$ _____

*****If you need more locations listed on the policy, please include a completed copy of the additional locations application or another sheet with the location information*****

10. Have you filed for bankruptcy within the last 7 years? Yes No

a. If yes, you must complete the following:

DATE	AMOUNT	DESCRIPTION

11. Have you ever been convicted of a felony? Yes No

a. If yes, you must complete the following:

DATE	DESCRIPTION

12. Has any company canceled, non-renewed, or refused insurance coverage on your collectibles? Yes No

a. If yes, you must complete the following:

DATE	DESCRIPTION

13. Have you filed any collector and/or homeowner claims within the last 5 years? Yes No

a. If yes, you must complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

14. Would you be interested in any quotes for other insurance types (i.e. Home, Auto, Umbrella, etc.)? Yes No

a. If yes, please list: _____

13. How did you hear about us? _____

14. How would you like your quote and any potential policy documents sent to you? Email Mail

15. I understand the Warranty Statement and the applicable Fraud Statements below and on the following page. Yes No

*****To bind coverage, the underwriter may request at least 10 general photos of the collection*****

Date: _____ **Signature:** _____

Warranty:

I understand and agree to the respective Fraud Statements and the following: The insurance company reserves the right to request an inventory and appraisal of your collection, at any time. Failure to have an inventory list, at the time of a loss, can delay the settlement of a claim. If approved, coverage will be effective the day after approval by the Underwriters or a later requested date. It is agreed and understood that no coverage exists for any collectibles that have been sold or are actively for sale. This policy has no coverage for any motorized vehicles. Other specific exclusions and limitations (including jewelry) may apply as per the policy. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance, or the subject thereof may void any policy issued. I further understand and agree that the issuance of coverage is based on this application and that this application becomes a part of the collector policy. Lastly, by my signing above, I agree to this Warranty and the applicable Fraud Statement(s) below and on the following page.

Fraud Statement:

Applicable in all states, except for the respective state's statement below:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to penalties including fines and/or imprisonment.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas, Louisiana, Rhode Island & West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

- California:** For your protection California law requires the following to appear on this form, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.
- Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
- District of Columbia:** **WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
- Florida:** Any person who knowingly, and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.
- Hawaii:** For your Protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
- Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.
- Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
- Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
- Maine, Tennessee, Virginia & Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
- Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
- Massachusetts:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- Minnesota:** A person who files a claim with intent to defraud, or helps commit a fraud against an insurer, is guilty of a crime.
- Nebraska:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
- New Jersey:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
- New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
- New York:** **General:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
- Fire:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.
- Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
- Oklahoma:** **WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
- Oregon:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.
- Pennsylvania:** **General:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
- Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
- Vermont:** Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any material false information, or conceals for the purpose of misleading information concerning any fact material thereto, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.