

Agency Name: _____
 Producer Name: _____
 Phone: _____
 Email: _____

Collector's Insurance Application

Completing this application does not constitute an insurance binder. All applications are subject to underwriting review & approval.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE

PERSONAL INFORMATION -

Name: _____ Years Collecting: _____

Mailing Address: _____
 Street City State Zip

Work #: _____ Home #: _____

Mobile #: _____ Fax #: _____

Email: _____

Current policy # (if applicable): _____

Occupation: _____ Years in occupation: _____

Major shows you attend, memberships in collectible organizations, writings in collectible publications, exhibits of your collectibles: _____

Felony: Have you ever been convicted of a felony? Yes No - *If yes, please provide details on pg 4*

Coverage Refused, Canceled or Non-renewed: Has any company canceled or refused to renew insurance on your collectibles? Yes No - *If yes, please provide details on pg 4*

Bankruptcy: Have you filed for bankruptcy in the last 5 yrs? Yes No- *If yes, please provide details on pg 4*

Prior Claim History for past 5 yrs (include both general homeowners claims as well as claims for your collection)

No claims in past 5 years

Date of loss	Type & Description of loss	Amount of loss

If you are applying for 500,000 or more of insurance, please provide three references - Preferably people/businesses from which you purchase collectibles.

Company/Person	City/State	Phone	Email
1.			
2.			
3.			

COLLECTION INFORMATION -

Have you had a single transaction of \$50,000 or more? Yes No - If yes, do you keep and can you provide records of large purchases? Yes No

Do you keep records of purchases? Yes No

Do you maintain an inventory or list? Yes No

If you do NOT maintain an inventory or list, how would you prove a loss? Please explain. _____

Do you have pictures of your collection? Yes No

Storage of collection: Please describe where & how your collection is stored/displayed within your premise:

Are any of the collectibles stored in a basement or other area below ground floor? Yes No - If yes, a *Stillage Endorsement* will be added to the policy requiring all items be stored 6" off the floor.

Are any collectibles stored outdoors exposed to the elements? Yes No - *If yes, please provide details on pg 4*

Are any of the collectibles kept in a public storage facility? Yes No - *If yes, coverage is available up to a maximum of \$100,000 at the storage facility for an additional 15% of premium.*

MAJOR TYPES OF COLLECTIBLES TO BE INSURED - If you add or delete major collectible types NOTIFY US so that a Policy Change can be added to your policy & the correct coverage provided. Major types of collectibles not listed are not covered.

Collectible Type	Description	Value
Total value of collection (s)*		

* *Total value of collection (s) above should be equal to the amount of insurance you are selecting on pg 5*

Gold/Platinum Coins can be added to your policy upon request for an additional premium of \$6.50 per 1,000 of coverage up to 10,000 in coverage. To apply for gold/platinum coin coverage, complete the Collector Gold & Platinum Coin Application. Please contact Collectibles Insurance Services for amounts in excess of 10,000.

SCHEDULED ITEMS - List all individual items or a series/set worth \$5,000 or more (\$25,000 or more for philatelic items) to be insured along with their estimated replacement value.

My collection does not contain any individual items or a series/set worth \$5,000 or more (\$25,000 or more for philatelic items)

Description		Value
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
Total Scheduled Items		

Scheduled items are included in "Total value of collection" on pg 2. The Total Scheduled Items value must be equal to or less than amount of insurance you are selecting on pg 5

PREMISE LOCATION (S) - Where collection is actually stored. Physical address required. No PO Boxes. Coverage available within continental United States & HI.

PRIMARY PREMISE ADDRESS: _____
Street City State Zip

Residential Office Public Storage Bank Other: _____
(A surcharge of 15% will be charged for items kept in public storage unit)

Type of structure? single family condo apartment Other: _____

Type of construction? frame masonry Other: _____

Year built? _____ If built prior to 1950 complete update information below:

Date plumbing last updated: _____ Date electrical last updated: _____

Date heating last updated: _____ Date roof last updated: _____

Is this location within 2 miles of a major body of water? Yes No - - If yes, a *Stillage Endorsement* will be added to the policy requiring all items be stored 6" off the floor. Describe body of water: _____

Safe: Yes No
 Does safe weigh 300lbs empty? Yes No
 Wheels? Yes No
 Type of lock? Combination Key Digital
 Who has access to safe? _____

Vault: Yes No
 Construction of vault & vault door: _____
 Type of lock? Combination Key Digital
 Who has access to vault? _____

Who has key/combo to safe? _____

Who has key/combo to vault? _____

Safe Requirements - 300 lbs empty, no wheels and a combination or digital lock.

Vault Requirements - Metal door, 3 inch walls and no windows

Is the building protected by a central station alarm system? Yes No

SECONDARY PREMISE ADDRESS: _____
Street City State Zip

I do not have a secondary location

Residential Office Public Storage Bank Other: _____
(A surcharge of 15% will be charged for items kept in public storage unit)

Type of structure? single family condo apartment Other: _____

Type of construction? frame masonry Other: _____

Year built? _____ If built prior to 1950 complete update information below:

Date plumbing last updated: _____ Date electrical last updated: _____

Date heating last updated: _____ Date roof last updated: _____

Is this location within 2 miles of a major body of water? Yes No - - If yes, a *Stillage Endorsement* will be added to the policy requiring all items be stored 6" off the floor. Describe body of water: _____

Safe: Yes No

Does safe weigh 300lbs empty? Yes No

Wheels? Yes No

Type of lock? Combination Key Digital

Who has access to safe? _____

Who has key/combo to safe? _____

Safe Requirements - 300 lbs empty, no wheels and a combination or digital lock.

Vault: Yes No

Construction of vault & vault door: _____

Type of lock? Combination Key Digital

Who has access to vault? _____

Who has key/combo to vault? _____

Vault Requirements - Metal door, 3 inch walls and no windows

Is the building protected by a central station alarm system? Yes No

ADDITIONAL COMMENTS:

POLICY LIMIT AND PREMIUM:

Rates vary based on type of collectibles - 1) General, 2) Philatelic (Stamp) 3) Guns, Knives & Edged Weapons. All types can be included on the same application however a separate policy may be issued for each. Please complete the worksheet below for each type of collectible.

PLEASE SELECT THE FOLLOWING POLICY TYPE (S):

General Collectibles Policy (Collectibles other than Stamps or Guns, Knives & Edged Weapons)

Value* of General Collectibles to be insured: \$ _____

Premium: \$_____ Fee: \$_____ Total: \$ _____

Stamp Policy

Value* of Philatelic (Stamp) to be insured: \$ _____

Premium: \$_____ Fee: \$_____ Total: \$ _____

Guns, Knives & Edged Weapons

Value* of Guns, Knives & Edged Weapons to be insured: \$ _____

Premium: \$_____ Fee: \$_____ Total: \$ _____

* Value of Collectibles to be insured above should be equal to Total value of collection (s) on pg 2.

PLEASE SELECT THE FOLLOWING COVERAGE OPTIONS:

Burglary & Theft Coverage: Collectibles Insurance Services offers both limited & full burglary & theft coverage. Limited burglary & theft provides coverage up to a maximum of \$60,000 OR \$100,000 (or the policy limit whichever is less). Full burglary & theft provides coverage up to the policy limit. *(Note: Full B/T is automatically included on Guns, Knives & Edged Weapons policies)*

Full Burglary & Theft Limited Burglary & Theft equal to \$60,000

Limited Burglary & Theft equal to \$100,000 (requires a safe, vault or central stations alarm)

Automatic Monthly Increase: We provide an optional automatic monthly increase of 1% in coverage per month for new acquisitions & appreciation of existing collectibles. This increase is NOT compounded monthly & stops at \$1,000,000. Include the Automatic Monthly Increase Do not include Automatic Monthly Increase

How did you hear of us? _____
(Please specify which magazine, show, website)

Signature: _____ Date: _____

Make a check or money order payable to the: Collectibles Insurance Services, LLC.

To pay by credit card, fill out the information below. Your credit card will be charged at time of policy issuance.

PAY BY CREDIT CARD - Visa, MasterCard, American Express or Discover/Novus	
Card Number:	Credit Card Verification number:
Expiration (mm/yy):	Signature

Note: Credit card numbers are not kept or stored in our system. Once the payment has been charged, all credit card numbers are destroyed.

Continue onto Application Warranties and Fraud Statement

Do you agree to the Fraud Statement & four warranties below? Yes No

1. **Replacement Value:** I understand that Replacement Value means the cost to replace the item(s) with similar collectibles of similar quality or if not replaceable, then the appraised valuation by a competent authority or the purchase price.
2. **Dealer Stock:** I understand that coverage is for a personal collection as listed on application. Collectible property held for sale or trade & property acquired for resale are not covered. I understand that if a loss occurs to the collectibles that are part of a dealer stock, insurance provided based on this application does not cover such loss. Dealer coverage is available; contact our office for additional information.
3. **Application:** I understand that completing this application does not constitute an insurance binder & that all applications are pending underwriting review & approval. If a policy is issued, it is based on the information contained in this application, including the type of collectibles to be insured.
4. **Records:** I understand that although Collectibles Insurance Services does not require an inventory at time of application, I will need to prove ownership at time of loss by keeping records of my collections such as an inventory, receipts, pictures, video.

FRAUD STATEMENT

(Applicable in all jurisdictions, except for separate jurisdiction statements below)

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.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

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.

FRAUD STATEMENT TO COLORADO APPLICANTS

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.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

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.

FRAUD STATEMENT TO FLORIDA APPLICANTS

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.

FRAUD STATEMENT TO HAWAII APPLICANTS

For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.

FRAUD STATEMENT TO IDAHO APPLICANTS

Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

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.

FRAUD STATEMENT TO MAINE APPLICANTS

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.

FRAUD STATEMENT TO MARYLAND APPLICANTS

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

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with 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.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

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.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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.

FRAUD STATEMENT TO OHIO APPLICANTS

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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.