



INSURANCE SERVICES

Collector Moving Application

P.O. Box 1146, Bala Cynwyd, PA 19004

P 888-837-9537 F 410-876-9233

info@collectinsure.com www.collectinsure.com

California License #OH14993

Florida Non-Resident Agent's License: Christopher B. McGovern, #E043040

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

Insured Name: _____ Policy Number: _____

Anticipated Moving Dates - From: _____ To: _____

Name of Moving Company: _____

Will the Covered Property be placed in storage during move? Yes No

Anticipated Storage Dates - From: _____ To: _____

Additional contact during move: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

	Current Location	New Location
Street Address		
City		
State & Zip		
Home Phone		
Work Phone		
Mobile Phone		

COVERAGE DESIRED AND PREMIUM	Coverage	Premium
Value of Property to be moved - \$2.00 per 1,000 with \$50 minimum premium		

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 endorsement 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.