



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

COLLECTOR INSURANCE APPLICATION: Completing this application does not constitute an insurance binder. All applications are subject to underwriting review and approval. Incomplete applications will not be considered for coverage.

PERSONAL INFORMATION

Name: _____

Mailing Address: _____ City: _____ State: _____ ZIP Code: _____

Phone: _____ Email: _____

Years Collecting: _____ Occupation: _____ Years in Occupation: _____

No Yes: Policy Number: _____ Company: _____

Has any company refused, canceled or non-renewed insurance on your collectibles?

- Yes* No
- Yes* No
- Yes* No
- Yes* No

**If Yes to these questions, provide additional information on page 4.*

How Did You Hear About Us? Specify the Individual, Appraiser, Association, Auction House, Magazine, Show, Website, etc.

POLICY LIMIT AND COVERAGE OPTIONS

Enter the Total Value* for Each Type of Collectible to be Insured:

| | |
|---|----|
| General Collectibles | \$ |
| Guns, Knives, Other Weapons & Accessories | \$ |
| Stamps & Philatelic Items | \$ |

Rates vary based on these 3 types of collectibles to be insured.

All types of collectibles can be included on this application; however, a separate policy may be issued for each.

- Full Burglary & Theft:** Coverage Provided Up to the Policy Limit
This Option is Automatically Included for All Policies that Insure Guns, Knives, Other Weapons & Accessories.
- Limited Burglary & Theft:** Coverage Provided Up to the Policy Limit with a Maximum \$60,000 Limit of Insurance
- Limited Burglary & Theft:** Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance
This Option Requires a Safe, Vault, or Central Station Alarm System.
- Yes, include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles.
The automatic increase will be NOT compounded monthly and has a \$1,000,000 maximum limit of insurance.
- No, do not include an automatic monthly increase in coverage.

COLLECTION INFORMATION

1. Storage of Collection:

Describe where and how your collection is stored or displayed on your premises:

Yes No

If Yes, do you keep and can you provide records of large purchases?

Yes No

Yes No

Yes No

Yes No

If No for Question 4 and 5, how would you prove a loss?

6. Are any of the collectibles stored in a basement or other areas 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.

7. Are any of the collectibles stored outdoors exposed to the elements?

Yes* No

If Yes, provide additional information on page 4.

8. Are any of the collectibles kept in a public storage facility?

Yes No

If Yes, coverage is available at the storage facility for an additional 15% of premium.

9. Does your collection contain any individual items or a series/set worth \$25,000 or more?

Yes* No

If Yes, schedule items on page 4.

10. Estimate Percentage of Collectible by Category:

| | | | | | |
|---|---|---|---|---|----------------------------|
| % | Advertising Collectibles | % | Fine Art | % | Political Memorabilia |
| % | Antique Radios/Phonographs | % | Furniture | % | Records & CDs |
| % | Antique Tools | % | Glass/Pottery | % | Sports Cards & Memorabilia |
| % | Art (comic, animation, prints, lithographs) | % | Guns, Knives, Other Weapons & Accessories | % | Stamps & Philatelic Items |
| % | Bears/Steiff Collections | % | Hunting/Fishing | % | Toys/Action Figures |
| % | Books & Manuscripts | % | Limited Edition Items | % | Trains, Including Layouts |
| % | Club/Organization Memorabilia | % | Militaria | % | Vintage Clothing |
| % | Coin Operated Devices | % | Movie Props | % | Vintage Sewing & Textiles |
| % | Coins (except gold & platinum*) | % | Musical Instruments | % | Western Americana |
| % | Comics | % | Native American, Including Arrowheads | % | Writing Instruments |
| % | Dolls | % | Paper/Ephemera | % | Zippo Lighters |
| % | Entertainment Memorabilia | % | Petroliana | % | Other (describe below) |

Other: _____

*Gold & Platinum Coins may be added to you policy upon request for an additional premium for coverage up to \$10,000.

Complete the Gold & Platinum Coin Application.

PREMISES LOCATION(S):

1. PRIMARY PREMISES LOCATION: Coverage available in the United States.

Address: _____

City: _____ State: _____ ZIP Code: _____

Single Family Condo Apartment Frame Masonry
 Office Bank Public Storage Other: _____ Steel Other: _____

4. Year Built: _____ If built prior to 1950, date last updated for electrical, heating, plumbing and roof: _____

Any collectibles stored in an immobile safe weighing at least 300lbs empty? Yes No
 Yes No

Construction of Vault: _____
 Combination Digital Key

Who has access to the safe and/or vault? _____

Central Station Alarm System
 Smoke Alarm(s)
 Deadbolts
 Bars
 Other: _____

7. Do you have a secondary premises location? Yes (complete section below) No

8. SECONDARY PREMISES LOCATION: Coverage available in the United States.

Address: _____

City: _____ State: _____ ZIP Code: _____

Single Family Condo Apartment Frame Masonry
 Office Bank Public Storage Other: _____ Steel Other: _____

11. Year Built: _____ If built prior to 1950, date last updated for electrical, heating, plumbing and roof: _____

Any collectibles stored in an immobile safe weighing at least 300lbs empty? Yes No
 Yes No

Construction of Vault: _____
 Combination Digital Key

Who has access to the safe and/or vault? _____

Central Station Alarm System
 Smoke Alarm(s)
 Deadbolts
 Bars
 Other: _____

SCHEDULED ITEMS: Complete the section below or attach a schedule of items with this application.

- List all individual items or a series/set worth \$25,000 or more.
- The total Estimated Replacement Value must be equal to or less than the Total Value of Collection listed on page 1.

| Description | | Estimated Replacement Value |
|-------------|--|-----------------------------|
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |
| 4. | | \$ |
| 5. | | \$ |

PRIOR CLAIM HISTORY: Provide additional information for any homeowners or collection claims filed in the last 5 years.

| Date of Loss | Type & Description of Loss | Amount of Loss |
|--------------|----------------------------|----------------|
| | | \$ |
| | | \$ |
| | | \$ |

ADDITIONAL INFORMATION:

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PAY BY CREDIT CARD: Visa, MasterCard, American Express or Discover/Novus

PAY BY CHECK OR MONEY ORDER:

Payable To: **Collectibles Insurance Services, LLC**

Mail to: **Collectibles Insurance Services, LLC**
Lockbox #4307
P.O. Box 8500
Philadelphia, PA 19178-4307

Do you agree to the Four (4) Warranties and Fraud Statement below? Yes No

Signature: _____ Date: _____

WARRANTIES:

- 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, and 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.

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)*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. *Applies in MD Only.

Applicable in CO

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.

Applicable in FL and OK

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)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insures, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies to NY Only.

Applicable in ME, TN, VA and WA

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. *Applies in ME Only.

Applicable in NJ

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

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating states law.