



**COLLECTIBLES
INSURANCE
SERVICES**
SINCE 1966

P.O. Box 1146, Bala Cynwyd, PA 19004
P 888-837-9537 F 410-876-9233
info@collectinsure.com
CollectInsure.com

California License #OH14993
In New York dba Collectibles Services Insurance Agency, LLC
In Michigan dba Collectibles Insurance Agency Services LLC

DEALER 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*****

BUSINESS INFORMATION

Full Name of Principal(s): _____

Business Name: _____ Years in Business: _____

Mailing Address: _____
Street City State ZIP Code

Work #: _____ Home #: _____

Mobile #: _____ Fax #: _____

Website: _____ Email: _____

Current Policy # (if applicable): _____

Please list any major shows you attend and/or memberships in collectible associations:

Felony: Have you ever been convicted of a felony? No Yes – If Yes, provide details under ADDITIONAL COMMENTS

Coverage Refused, Canceled or Non-Renewed: Has any company canceled or refused to renew insurance on your collectibles stock?
 No Yes – If Yes, provide details under ADDITIONAL COMMENTS

Bankruptcy: Have you filed for bankruptcy in the last 5 years? No Yes – If Yes, provide details under ADDITIONAL COMMENTS

Do you have **existing insurance** on your collectibles stock? No Yes – If Yes, provide name of carrier: _____

CLAIMS HISTORY

Prior claims history for past 5 years (include general business claims, claims to your inventory, and shipping claims) No claims in past 5 years

Date of Loss(es)	Type and Description of Loss(es)	Amount of Loss(es)

POLICY LIMITS

Rates vary based on type of inventory. Complete the worksheet below for each type of inventory.

	Location 1	Location 2	Location 3	Location 4
Value of Guns, Knives & Edged Weapons to be insured:				
Value of Books to be insured: <i>(Comic books are considered General Collectibles below)</i>				
Value of Stamps to be insured:				
Value of Sports Memorabilia to be insured:				
Value of Currency (paper) to be insured:				
Value of General Collectibles to be insured: <i>(Anything other than the items listed above.)</i>				
Total at Each Location:				
Total Amount of Coverage:				

INVENTORY INFORMATION

Type of Collectibles Sold – Estimated % of Overall Stock				
Advertising Collectibles		Ethnic Heritage Memorabilia		Political Memorabilia
Animation Art/Prints/Lithographs		Guns, Knives & Edged Weapons		Posters
Autographs/Manuscripts		Juke Boxes/Penny Arcade/ Slots/Coin Op		Records/Phonographs
Badges/Patches		Lamps		Sports Memorabilia/Cards
Books		Maps & Globes		Stamps/Postal History
Bottles/Glass/Crystal		Militaria		Toys
Ceramics/China/Pottery		Mineral Specimens		Trade Cards
Clocks		Movie/TV Memorabilia		Trains
Comics/Comic Art		Musical Instruments		Writing Instruments
Currency		Paper Collectibles/Postcards		Other:
Dolls & Teddy Bears		Petroliana		
Diecast		Photographs/Cameras		

COVERAGE OPTIONS

FINE ART & ANTIQUE FURNITURE

The policy *does not* cover Fine Art & Antique Furniture. For an additional premium, you can add Fine Art & Antique Furniture.

- Add Fine Art. Value of Fine Art: \$ _____
- Add Antique Furniture. Value of Antique Furniture: \$ _____

PERSONAL TRAVEL COVERAGE (TRANSIT)

Away from premises and personally accompanied transit. For an additional premium, you can purchase transit coverage. Coverage is subject to policy sublimit(s). Select the percentage of total policy limit desired for transit coverage:

- None 10% 25% 50% 75%

COINS/BULLION/JEWELRY COVERAGE

The policy does not cover Coins/Bullion/Jewelry. This includes gold and platinum coins, jewelry, gems, or watches containing precious gems. For an additional premium, you can add Coins/Bullion/Jewelry.

- Add Coins/Bullion/Jewelry.
Value of Coins/Bullion/Jewelry: \$ _____

SHIPMENTS

This policy includes limited coverage for covered property while being mailed or shipped without a signature required. For an additional premium, you can add coverage for Signature required shipments. All shipping coverage is subject to policy sublimit(s). Select the percentage of total policy limit desired for shipping coverage:

- None 10% 25%

ELIGIBILITY

How do you **acquire the majority of your stock**? Auction Consignment Shows Dealers
 Other – provide details under ADDITIONAL COMMENTS

How do you **pay for the majority of purchases**? Check Cash Credit Trade Other: _____

Have you had a **single transaction of \$50,000** or more? No
 Yes – 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 keep **records of sales**? Yes No

Describe type of records: _____

Who keeps the records of purchases and sales? _____

Do you **maintain an inventory**? Yes No

If you do NOT maintain an inventory, how would you **prove a loss**? _____

Do you have **pictures** of your inventory? Yes No

Storage of inventory - Describe where within the premises and how your inventory is stored/displayed: _____

Are any of the collectibles stored in a **basement or other area below ground floor**? No Yes – 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**? No Yes – If Yes, provide details under ADDITIONAL COMMENTS

PREMISES LOCATION(S)

Where inventory is actually stored. Physical address required. No P.O. Boxes. Coverage available in the United States.

PRIMARY PREMISES ADDRESS*: _____
Street City State ZIP Code

Value of stock at location: _____ **Number of years at location:** _____

Type of location: Store Office Building Residence Storage Facility Other: _____

Do you **own or lease** the premises? Own Lease Do you **occupy the whole building**? Yes No

Do you or other principal(s) **occupy** the premises during the business day? Yes No

How many **employees occupy your premises** during the average business day? _____

Who has keys to your premises? _____

Primary use of building? _____

Describe the neighborhood: _____

List and describe businesses that occupy same building and/or directly adjacent to your premises: _____

Type of construction? Frame Masonry Other: _____

Year built? _____ **If built prior to 1980 complete update information below:**

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

Date heating last updated: _____ Date roof last updated and type: _____

*If location is within 2 miles of a major body of water, a **Stillage Endorsement** will be added to the policy requiring all items be stored 6" off the floor.

Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No Safe Requirements – 300 lbs empty, no wheels and a combination or digital lock	Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No Vault Requirements – Metal door, 3 inch walls and no windows
Does safe weigh 300lbs empty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction of vault and vault door:
Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital	Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital
Who has access to safe?	Who has access to vault?
Who has key/combination to safe?	Who has key/combination to vault?
Is the building protected by a central station alarm system ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I do not have a secondary location

SECONDARY PREMISES ADDRESS*: _____
Street City State ZIP Code

Value of stock at location: _____ **Number of years at location:** _____

Type of location: Store Office Building Residence Storage Facility Other: _____

Do you **own or lease** the premises? Own Lease Do you **occupy the whole building**? Yes No

Do you or other principal (s) **occupy** the premises during the business day? Yes No

How many **employees occupy your premises** during the average business day? _____

Who has keys to your premises? _____

Primary use of building? _____

Describe the neighborhood: _____

List and describe businesses that occupy same building and/or directly adjacent to your premises: _____

Type of construction? Frame Masonry Other: _____

Year built? _____ **If built prior to 1980 complete update information below:**

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

Date heating last updated: _____ Date roof last updated and type: _____

Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No Safe Requirements – 300 lbs empty, no wheels and a combination or digital lock	Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No Vault Requirements – Metal door, 3 inch walls and no windows
Does safe weigh 300lbs empty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction of vault and vault door:
Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital	Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital
Who has access to safe?	Who has access to vault?
Who has key/combination to safe?	Who has key/combination to vault?
Is the building protected by a central station alarm system ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

*If location is within 2 miles of a major body of water, a **Stillage Endorsement** will be added to the policy requiring all items be stored 6" off the floor.

ADDITIONAL COMMENTS

PAYMENT INFORMATION

PAY BY CREDIT CARD: Visa, MasterCard, American Express or Discover/Novus. Call 888-837-9537 (Press 1 to Make a Payment)

PAY BY CHECK OR MONEY ORDER PAYABLE TO:

Collectibles Insurance Services, LLC

Mail to:

Collectibles Insurance Services, LLC
PO Box 784307
Philadelphia, PA 19178-4307

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

Signature: _____ **Date:** _____

Do you agree to the Fraud Statement and the Two Warranties below? Yes No

1. **Application:** I understand that completing this application does not constitute an insurance binder and that all applications are pending underwriting review and approval. If a policy is issued, it is based on the information contained in this application, including the type of collectibles stock to be insured.

2. **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 inventory 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 KANSAS APPLICANTS

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to fines and confinement in prison. A fraudulent insurance act means an act committed by 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, purported insurer or insurance agent or broker, any written statement as part of, or in support of, an application for insurance or the rating of an insurance policy or a claim for payment or other benefit under an insurance policy, if such person knows the written statement contains materially false information concerning any material fact; or conceals, for the purpose of misleading, information concerning any material fact.

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 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.

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.

FRAUD STATEMENT TO OREGON APPLICANTS

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

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

FRAUD STATEMENT TO PENNSYLVANIA 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 subjects such person to criminal and civil penalties.

FRAUD STATEMENT TO TENNESSEE 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO VIRGINIA 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 include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT TO WASHINGTON 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 include imprisonment, fines and denial of insurance benefits.