



**COLLECTIBLES
INSURANCE
SERVICES**
SINCE 1966

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

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

Full Name: _____

Mailing Address: _____
Street City State ZIP Code

Phone #: _____ Email: _____

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

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

Is your collection currently insured? ☐ No ☐ Yes Policy Number: _____ Company: _____

CLAIMS HISTORY

Prior claims history for past 5 years: Provide additional information for any homeowners or collection claims. ☐ No claims in past 5 years

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

POLICY LIMITS

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

General Collectibles	\$
Gun, Knives, Other Weapons & Accessories	\$
Stamps & Philatelic Items	\$

*All types of collectibles can be included on this application; however, a separate policy may be issued for each. Rates vary based on these 3 types of collectibles to be insured.

COVERAGE OPTIONS

BURGLARY & THEFT COVERAGE OPTIONS (Select One):

☐ **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.

OPTIONAL COVERAGE: AUTOMATIC MONTHLY INCREASE (Select Yes or No):

☐ Yes, include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles. The automatic increase will NOT be compounded monthly and has a \$1,000,000 maximum limit of insurance.

☐ No, do not include an automatic monthly increase in coverage.

COLLECTION INFORMATION

Storage of Collection: Describe where and how your collection is stored or displayed on your premises: _____

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 have pictures of your collection?

☐ Yes ☐ No*

Do you maintain an inventory or list?

☐ Yes ☐ No*

*If no, how would you prove a loss?: _____

Are there any 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 to be stored 6" off the floor.

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

☐ Yes* ☐ No

*If yes, provide additional information on page 4.

Are there any collectibles stored in a public storage facility?

☐ Yes ☐ No

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

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.

Estimate Percentage of Collectible by Category

Advertising Collectibles		Fine Art		Political Memorabilia	
Antique Radios/Phonographs		Furniture		Records & CDs	
Antique Tools		Glass/Pottery		Sports Memorabilia/Cards	
Art (comics, 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 & Teddy Bears		Paper/Ephemera		Zippo Lighters	
Entertainment Memorabilia		Petroliana		Other (describe below)	
Other:					

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

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

Type of location: ☐ Single Family ☐ Condo ☐ Apartment ☐ Office ☐ Bank ☐ Public Storage
☐ Other: _____

Type of construction? ☐ Frame ☐ Masonry ☐ Steel ☐ 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 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	

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

☐ I do not have a secondary location

SECONDARY PREMISES ADDRESS*:

Street City State ZIP Code

Type of location: ☐ Single Family ☐ Condo ☐ Apartment ☐ Office ☐ Bank ☐ Public Storage
☐ Other: _____

Type of construction? ☐ Frame ☐ Masonry ☐ Steel ☐ 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 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	

Other Securities: ☐ Central 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.	

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 206584
Dallas, TX 75320-6584

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

Signature: _____ Date: _____

Do you agree to the Fraud Statement and the 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 value 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 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 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 inventory 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.

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.

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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.