



# PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE
	FAX (A/C, No):				TELEPHONE NUMBER
CODE:	SUBCODE:	CO/PLAN	POL#:		
AGENCY CUSTOMER ID			ACCT#:		
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	

## APPLICANT & LOCATION INFORMATION

BIRTH DATE	MARITAL STATUS	OCCUPATION	SPOUSE'S OCCUPATION	TERR CODE	PROTECT CLASS	FIRE DISTRICT/CODE NUMBER
LOCATION OF PROPERTY (If Different From Above)		<input type="checkbox"/> ADDITIONAL LOCATION	DWELLING TYPE(S)	CONSTRUCTION TYPE(S)		# FAMILIES (In Each)
OTHER						

## COVERAGES

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				
<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)		<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)		<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)		TOTAL: \$			
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE		<input type="checkbox"/> ACV LOSS SETTLEMENT		<input type="checkbox"/> BLANKET COVERAGE					
<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE		<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT							

## ADDITIONAL RATING INFORMATION

## GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?		
2. WILL ANY PROPERTY BE EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?			PRIOR INSURER & POLICY NUMBER		
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALY?					
6. ANY OTHER INSURANCE WITH THIS COMPANY?					

## REMARKS

## SCHEDULE OF PROPERTY

SCHD #	ITEM #	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, USE THE SCHEDULE ON THE REVERSE SIDE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS.	APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
			YES	NO		

**SCHEDULE OF PROPERTY (Continued)**

SCHD #	ITEM #	DESCRIPTION	APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
			YES	NO		

<b>FOR COMPANY USE ONLY</b>	<b>ATTACHMENTS</b>
	<input type="checkbox"/> STATE SUPPLEMENT(S) (If applicable)
	<input type="checkbox"/> PHOTOGRAPH
	<input type="checkbox"/> APPRAISAL
	<input type="checkbox"/> BILL OF SALE
	<input type="checkbox"/> PROTECTIVE DEVICE CERTIFICATE

<b>BINDER/SIGNATURE</b>											
<table border="1" style="width:100%"> <tr><td colspan="2" style="text-align:center"><b>INSURANCE BINDER</b></td></tr> <tr> <td>EFFECTIVE DATE</td> <td>EXPIRATION DATE</td> </tr> <tr> <td>TIME</td> <td>12:01 AM</td> </tr> <tr> <td></td> <td>NOON</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> COVERAGE IS NOT BOUND</td> </tr> </table>	<b>INSURANCE BINDER</b>		EFFECTIVE DATE	EXPIRATION DATE	TIME	12:01 AM		NOON	<input type="checkbox"/> COVERAGE IS NOT BOUND		<p>IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:</p> <p>THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY.</p> <p>THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.</p> <p>APPLICABLE IN COLORADO: THE INSURER HAS THIRTY (30) BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO EVALUATE THE ISSUANCE OF THE INSURANCE POLICY.</p>
<b>INSURANCE BINDER</b>											
EFFECTIVE DATE	EXPIRATION DATE										
TIME	12:01 AM										
	NOON										
<input type="checkbox"/> COVERAGE IS NOT BOUND											

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not applicable in all states; consult your agent or broker for your state's requirements.)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER
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