



PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER				NAIC CODE	
CONTACT NAME:				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)					
PHONE (A/C, No, Ext):				DATE AT CURRENT RESIDENCE:					
FAX (A/C, No):				PRIMARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL		SECONDARY PHONE # <input type="checkbox"/> HOME <input type="checkbox"/> BUS <input type="checkbox"/> CELL			
E-MAIL ADDRESS:				PRIMARY E-MAIL ADDRESS:					
CODE: SUBCODE:				SECONDARY E-MAIL ADDRESS:					
AGENCY CUSTOMER ID:				BIRTH DATE		MARITAL STATUS * / CIVIL UNION (if applicable)		* This field may not be utilized for policyholders applying for residential property insurance in CA.	
POLICY NUMBER:				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					
PLAN		FACILITY CODE		EFFECTIVE DATE		EXPIRATION DATE			
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)				CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					

LOCATION INFORMATION

LOC #	LOCATION OF PROPERTY	TERR CODE	CONSTRUCTION TYPE	DWELLING TYPE	PROT CLASS	# FAM	FIRE DISTRICT NAME	FIRE DIST CODE

PROPERTY CLASS / COVERAGE INFORMATION

SCH #	CLASS	DESCRIPTION	LOC #	LOSS SETTLEMENT (ACV / RC)	COVERAGE QUALIFIERS*	PROFESSIONAL / COMMERCIAL USE? (Y / N)	EXHIBITED? (Y / N)	IN VAULT? (Y / N)	BLNKT COV? (Y / N)	DED	AMOUNT OF INSURANCE	RATE	PREMIUM
1	JL	JEWELRY									\$		\$
2	FR	FURS									\$		\$
3	FA	FINE ARTS									\$		\$
4	CM	CAMERAS									\$		\$
5	MI	MUSICAL INSTRUMENTS									\$		\$
6	SV	SILVERWARE									\$		\$
7	ST	STAMPS									\$		\$
8	CN	COIN COLLECTIONS									\$		\$
9	GF	GOLFER'S EQUIPMENT									\$		\$
10	PC	PERSONAL COMPUTERS									\$		\$
11	CC	CHINA / CRYSTAL									\$		\$
12	EL	ELECTRONIC EQUIPMENT									\$		\$
13	GU	GUNS									\$		\$
14											\$		\$
15											\$		\$
16											\$		\$
17											\$		\$
18											\$		\$
19											\$		\$
20											\$		\$
21											\$		\$
											TOTAL:	\$	

SPECIMEN

* COVERAGE QUALIFIERS

- | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------|----------------------|----------------------------|
| (AR) ALL RISK (USED FOR GUNS) | (BR) BROAD FORM (USED FOR GUNS) | (NO) NON-MOBILE ORGAN | (SL) SCHEDULED BASIS | (T4) TIERED RATING 4 | (T8) TIERED RATING 8 |
| (BB) BLANKET BASIS | (DP) DEPRECIATED (USED FOR FURS) | (NS) NON-STANDARD | (T1) TIERED RATING 1 | (T5) TIERED RATING 5 | (T9) TIERED RATING 9 |
| (BE) BREAKAGE EXCLUSION BUY-BACK | (ED) LIMITED EDITIONS | (SB) SCHEDULED AND BLANKET BASIS | (T2) TIERED RATING 2 | (T6) TIERED RATING 6 | (UA) UNATTENDED AUTOMOBILE |
| (BF) BROAD FORM PAIR AND SET | (LE) LASER ENGRAVED | (SC) SAFE CREDIT | (T3) TIERED RATING 3 | (T7) TIERED RATING 7 | (VC) VAULT CREDIT |

SAFE / VAULT INFORMATION

BANK VAULT IN USE? (If "YES", Bank Address):											
RESIDENT VAULT IN USE? (If "YES", complete the following):											
LOC #	MANUFACTURER	MODEL	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
			UL		ROUND	SQUARE	OUTER	INNER	CHEST	DOOR	WALL
			SMNA								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES					Y / N
1. ANY PROTECTIVE DEVICES / SYSTEMS IN USE?					
2. WILL ANY PROPERTY BE EXHIBITED?					
PROPERTY	EXHIBIT LOCATION	TYPE OF EXHIBITION	TYPE OF SECURITY	DURATION	
3. WILL ANY SPECIAL RESTRICTIONS / ENDORSEMENTS APPLY?					
4. IS ANY PROPERTY USED PROFESSIONALLY / COMMERCIALY?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER		
6. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)					
7. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?					
8. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?					
9. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
10. DURING THE LAST FIVE (5) YEARS (TEN (10) YEARS IN RHODE ISLAND), HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)					
11. PRIOR INSURANCE?					
INSURER NAME			POLICY NUMBER		

SPECIMEN

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION? (3 years in KS)	Y / N <input type="checkbox"/> IF YES, INDICATE BELOW	APPLICANT'S INITIALS:		
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)				
BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$
BILLING		PAYMENT PLAN		MAIL POLICY TO:
<input type="checkbox"/> DIRECT BILL - POLICY	<input type="checkbox"/> FULL PAY	<input type="checkbox"/> BI-MONTHLY	<input type="checkbox"/> CASH	<input type="checkbox"/> AGENT
<input type="checkbox"/> DIRECT BILL - ACCT	<input type="checkbox"/> ANNUAL	<input type="checkbox"/> MONTHLY	<input type="checkbox"/> CHECK	<input type="checkbox"/> INSURED
<input type="checkbox"/> AGENCY BILL	<input type="checkbox"/> SEMI-ANNUAL	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> CREDIT CARD	<input type="checkbox"/> PRE-AUTHORIZED DRAFT/CHECK (PAC)
PAYOR	<input type="checkbox"/> INSURED	<input type="checkbox"/> MORTGAGEE		

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)								
INTEREST	NAME AND ADDRESS RANK:			EVIDENCE:	CERTIFICATE	SEND BILL	INTEREST IN ITEM NUMBER	
	<input type="checkbox"/> ADDITIONAL INSURED							SCHD #:
<input type="checkbox"/> LIENHOLDER								
<input type="checkbox"/> LOSS PAYEE								
<input type="checkbox"/> MORTGAGEE								
<input type="checkbox"/> TRUSTEE	REFERENCE / LOAN #:							

BINDER / SIGNATURE

AGENCY CUSTOMER ID: _____

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	12:01 AM
	NOON
COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

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. APPLICABLE IN ARIZONA: BINDERS ARE EFFECTIVE FOR NO MORE THAN 90 DAYS; 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; APPLICABLE IN MARYLAND: THE INSURER HAS 45 BUSINESS DAYS, COMMENCING FROM THE EFFECTIVE DATE OF COVERAGE, TO CONFIRM ELIGIBILITY FOR COVERAGE UNDER THE INSURANCE POLICY; APPLICABLE IN MICHIGAN: THE POLICY MAY BE CANCELLED AT ANY TIME AT THE REQUEST OF THE INSURED.

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 HELP 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. (Not applicable in AZ or MN) (Applicant's Initials): _____

IMPORTANT: ARIZONA residents should be given ACORD 38 AZ, Privacy Notification; In MASSACHUSETTS, credit scoring information may be used to determine your eligibility for insurance, and not for rating purposes; MINNESOTA residents should submit ACORD 38 MN to authorize release of personal information; Credit scoring cannot be used in OREGON for renewals unless requested by the insured.

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, DC, FL, HI, KS, MA, MN, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE DISTRICT OF COLUMBIA, 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.

IN FLORIDA, 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.

IN KANSAS, 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, 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 INSURANCE, 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 MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, 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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER