

## COIN COLLECTOR APPLICATION FOR INSURANCE

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE (Home): \_\_\_\_\_

PHONE (Mobile): \_\_\_\_\_ EMAIL: \_\_\_\_\_

### AMOUNT OF COVERAGE:

**TOTAL AMOUNT OF COVERAGE REQUESTED (100% Value of Collection) \$** \_\_\_\_\_

Deductible amount requesting: (Minimum \$250) \_\_\_\_\_

Requested effective date of the policy: \_\_\_\_\_

LIST SCHEDULED ITEMS (ITEMS VALUED AT \$10,000 OR MORE) BELOW: INCLUDE VALUE AND DESCRIPTION AS WELL AS ANY DISTINGUISHING CHARACTERISTICS, GENERAL CONDITION, COLOR, SIZE, ETC.

#### SCHEDULED ITEMS REQUIRE INDIVIDUAL PICTURES SENT WITH APPLICATION

Manufacturer/ Year Produced	Manufacturer Number or Serial Number	Description	Value
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

***(Attach a separate list if more space is needed)***

#### Estimate Percentage of Collection by Category

\_\_\_\_\_ % Coins    \_\_\_\_\_ % Currency/Script    \_\_\_\_\_ % Gold Bullion    \_\_\_\_\_ % Other: \_\_\_\_\_    \_\_\_\_\_ % Other: \_\_\_\_\_

Describe your collection, including condition and general quality: \_\_\_\_\_

1. Are you a dealer?  Yes  No      Is coverage being requested for any property that is being held for sale?  Yes  No
2. Do you keep inventory records?  Yes  No      If yes, what type of record?  Written  Computer  Receipts
3. Do you take a physical Inventory?  Monthly  Quarterly  Annually  Occasionally  Never
4. Where do You Keep Your Inventory Records? \_\_\_\_\_
5. Do you keep a duplicate copy of your inventory record?  On Premise  Off Premise  No
6. What is your occupation? \_\_\_\_\_
7. How long have you been a Collector? \_\_\_\_\_
8. Have you had prior insurance?  Yes  No      If yes, what company? (Not agency) \_\_\_\_\_
9. If any locations are coastal, what are the distances to water? \_\_\_\_\_

10. Where is your Inventory kept? Indicate the value at each location and check all that applies.

**Home Location** – Collection Value \$ \_\_\_\_\_

Address: \_\_\_\_\_

Describe your residence:  Single Family Home  Condo/Apartment  Other: \_\_\_\_\_

Construction:  Frame  Masonry  Steel  Other: \_\_\_\_\_

Amount of Insurance on your home: \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Smoke Alarms  Deadbolts  Motion Detectors  Video Cameras

Other Securities: \_\_\_\_\_

Central Burglar Alarm System If so, what alarm company? \_\_\_\_\_

**(If you have a Central Station Alarm System, include a copy of your Alarm Certificate with this completed application)**

Safe If so, what is its type? \_\_\_\_\_ What is its UL Rating? \_\_\_\_\_ Is the safe wired to a Central Station Alarm?  Yes  No

What is the distance to the nearest:

Fire Hydrant: \_\_\_\_\_ Fire Department: \_\_\_\_\_ Police Station: \_\_\_\_\_

**Office Location** – Collection Value: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Construction:  Frame  Masonry  Steel  Other: \_\_\_\_\_

Central Burglar Alarm System  Smoke Alarms  Deadbolts  Safe  Bars  Other Securities: \_\_\_\_\_

**Storage Location**– Collection Value: \$ \_\_\_\_\_ Address: \_\_\_\_\_

Describe \_\_\_\_\_

Construction:  Frame  Masonry  Steel  Other: \_\_\_\_\_

Burglar Alarm  Fenced  Gated  Locked  24 Hr. Guard  Other Securities: \_\_\_\_\_

11. Is your collection ever on exhibit?  Yes  No If yes, explain: \_\_\_\_\_

12. Have you had a Loss in the past 5 years?  Yes  No

If yes, please complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

13. Have you filed for bankruptcy within the last 7 years?  Yes  No

If yes, please complete the following:

DATE	AMOUNT	DESCRIPTION OF BANKRUPTCY

14. Have you ever been convicted of a felony?  Yes  No

If yes, please complete the following:

DATE	DESCRIPTION

15. Has any company canceled, non-renewed, or refused insurance coverage for your business?  Yes  No

If yes, please complete the following:

DATE	COMPANY AND DESCRIPTION

16. How did you hear about us? \_\_\_\_\_

**\*\*\*You must submit at least 10 general photos of your collection with the application\*\*\***

I agree the answers given on this application are true and accurate and that this application does **NOT** constitute a binder. All questions must be answered before the application will be accepted. Coverage will begin after the application is received and approved by the Underwriter. It is understood that all policies are subject to a 25% minimum earned premium at inception and there are no flat cancellations. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment of misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. The company reserves the right to request an inventory and appraisal of your collection. Failure to have an inventory list, at the time of a loss, can delay the settlement of a claim. Coverage will begin when the application is received and approved by the underwriters. There is no coverage for any dealer inventory or property acquired with the intent for resale. I further understand and agree that the issuance of coverage is based on this application and that this application becomes a part of this policy.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_