



COIN DEALER

P.O. Box 4389
Davidson, NC 28036
www.acginsurance.com

800-287-7127
FAX: 704-895-0230

Antiques & Collectibles National Association

The Antiques and Collectibles National Association (ACNA) is the largest and fastest growing Antiques & Collectibles trade association in the country. The goal of this association is to provide you with benefit programs and affordable insurance as shop owner, mall owner, mall dealer, show dealer, estate sale dealer or show promoter. The association was founded in 1991 and has over 3000 members in all 50 states.

MEMBER BENEFITS

- Insurance Programs for Dealers:
 - Property and Liability for Shop Owners, Mall Owners, Mall Dealers, Show Dealers, Show Promoters, Estate Sales, Auctioneers, and Coin Dealers
- Insurance Program for Collectors
- Quarterly Newsletter
- Certificate of Membership
- Merchant Services:
 - Discounted Rates For Credit/Debit Card Processing and Check Guaranties - Cards include VISA, MasterCard, Discover, and American Express
- Sell on line through GoAntiques.com
- Educational Seminars and Programs
- Use of the ACNA Logo
- Discount on Home Study program through Asheford Institute of Antiques
- Health program through America's Business Benefit Association
- Discounts on Products and Services:
 - Office Supplies, Trade Advertising, Shipping, Travel, Dealer Supplies, Security, & More...

HOW TO JOIN

Complete the Membership Form.
Make your check for \$50 payable to ACNA

Mail to: **ACNA**
PO Box 4389
Davidson, NC 28036

Or Fax to: 704-895-0230

Questions?? Call us at 1-800-287-7127

COIN DEALER MEMBERSHIP FORM

Business Name _____

Principal(s) Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Business Phone _____

Mobile Phone _____

Fax # _____

E-Mail _____

Web Address _____

How did you hear about us? _____

CREDIT CARD AUTHORIZATION

Visa MasterCard Discover

Card # _____

Expiration Date _____

Amount: Dues \$ _____ Insurance \$ _____

Last three digits on back of card _____

Billing Address for card:

Signature _____

COIN DEALER APPLICATION FOR INSURANCE

Check: **INVENTORY** **LIABILITY** **BUILDING**

Principal(s) Name(s): _____

Business Name: _____

Business Type: Sole Proprietor Partnership Corporation LLC

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Mobile Phone: _____

Fax #: _____ Email address: _____

Years in Business: _____ Web Address: _____

Inventory Policy Detail:

Amount of Inventory Insurance Requested (Dealer Cost): _____

Total Value of all stock in trade at this time (Dealer Cost): _____

Inventory Deductible amount requesting: (Standard Deductible is \$2,500)

\$500 \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

Maximum Value of any one item: (Dealer Cost) \$ _____

Do you keep inventory records? Yes No

What type of inventory records do you keep? Written Computer Receipts Photos Other: _____

Estimate Percentage of Inventory by Category

_____ % Coins	_____ % Currency/Script	_____ % Gold Bullion	_____ % Other: _____	_____ % Other: _____
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Inventory Location: (If you have a secondary location, please complete the multiple locations section on page 4)

Primary Location Address: _____

Name: _____ Type:* _____ Values (Dealer Cost): _____

*Type= Shop, Mall, Home, Storage, etc.

Construction: Frame Masonry Steel Other: _____

Year Building was Built: _____ Year Updated: _____ Number of Stories: _____ Level Occupied: _____

Other Occupants: _____

What is the distance to coastal water from your primary inventory location? Less than 1 mile 1 to 5 miles 5 to 10 miles Over 10 miles

What is the distance to the nearest: Fire Hydrant: _____ Fire Department: _____ Police Station: _____

Security Questions:

Fire Alarm: Yes No Fire Extinguishers: Yes No If yes, how many: _____ Smoke Detectors: Yes No

Sprinklers: Yes No Other Fire Prevention Securities: _____

Central Station Alarm System: Yes No If yes, System Type: _____ UL Rated Certificate: Yes No

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

Hold-up Buttons: Yes No Dedicated Phone Line: Yes No Motion Detectors: Yes No

Video Cameras: Yes No Security Guard: Yes No Steel Gates: Yes No Buzzer Entry: Yes No

Number of Safes: _____ UL/TL Ratings: _____ Safes wired to Central Station Alarm System: Yes No

Stock % in locked safe when open: _____ Stock % in locked safe when closed: _____

Vault:

Do you have a Vault? Yes No If yes, please complete the following:

Construction of Vault: _____ Vault rating or class: _____

Vault wired to Central Station Alarm System: Yes No Are the safes stored in the Vault: Yes No
(If another location is needed, please complete the Multiple Locations section on page 4)

Bank:

Bank Name: _____

Address: _____

Total Value at the Bank (Dealer Cost) (\$): _____ Amount of Insurance Desired at the Bank (Dealer Cost) (\$): _____

Transit:

Replacement Value taken to shows & buying/selling trips (Dealer Cost) (\$): _____

Insurance desired for stock taken to shows & buying/selling trips (Dealer Cost) (\$): _____

Estimated number of days away during the last 12 months: _____

Anticipated number of days away expected during the next 12 months: _____

Insurance desired on property in transit within a 25 mile radius of premises (Dealer Cost): _____

Is a 25 mile radius sufficient for local transit coverage: Yes No If no, how many additional miles? _____

General:

Approximately how many shows are you doing annually? _____ How many malls booths are you in? _____

Are all rises and falls in elevations and steps on your premises clearly marked? Yes No

If you have a Shop, do you rent space out to any of the following and if so how many? Yes No

Food Service: _____ Other Stores: _____ Flea Market: _____ Apartment: _____ Auction: _____ Storage: _____ Other: _____

Have you had a Loss in the past 5 years? Yes No If yes, please complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

Have you filed for bankruptcy within the last 7 years? Yes No If yes, please complete the following:

DATE	AMOUNT	DESCRIPTION OF BANKRUPTCY

Have you ever been convicted of a felony? Yes No If yes, please complete the following:

DATE	DESCRIPTION

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

How would you like your quote and policy sent to you? Email Mail

How did you hear about us? _____

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. 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: _____

(SUPPLEMENTAL) COIN DEALER APPLICATION FOR INSURANCE

OPTIONAL INVENTORY COVERAGE:

Would you like shipping coverage added onto the policy? Yes No
(If Yes, please complete the following question)

On average, how many packages per week are you shipping? _____

Please check which shipping coverage limit(s) you would like added onto the policy?

- \$3,000 Limit per Package through United Parcel Service
- \$5,000 Limit per Package through United Parcel Service
- \$15,000 Limit per Package through Federal Express
- \$25,000 Limit per Package through Federal Express
- \$50,000 Limit per Package through Federal Express
- \$75,000 Limit per Package through Federal Express
- \$3,000 Limit per Package through Federal Express Ground
- \$5,000 Limit per Package through Federal Express Ground
- \$25,000 Limit per Package through United States Postal Service Registered Mail
- \$50,000 Limit per Package through United States Postal Service Registered Mail
- \$75,000 Limit per Package through United States Postal Service Registered Mail
- \$100,000 Limit per Package through United States Postal Service Registered Mail
- \$15,000 Limit per Package through United States Postal Service Express Mail
- \$25,000 Limit per Package through United States Postal Service Express Mail
- \$50,000 Limit per Package through United States Postal Service Express Mail

OPTIONAL LIABILITY COVERAGE:

Would you like the General Aggregate Limit of Liability increased to \$2,000,000? Yes No

Would you like the Each Occurrence Limit of Liability increased to \$2,000,000? Yes No

Would you like to add liability for a Warehouse, Storage, or Office location? Yes No

If Yes, How Many? _____ Describe: _____

Do you need to add liability for an Apartment, Store, Office, or Other space rented to others by you? Yes No

If Yes, How Many? _____ Describe: _____

Would you like to add an additional Insured onto the policy? (i.e., landlord) Yes No

Name: _____

Address: _____

Would you like to add a Waiver of Subrogation in favor of an Additional Insured? Yes No

Would you like to add Hired/Non-Owned Auto Liability Coverage onto the policy? Yes No

OPTIONAL BUILDING COVERAGE (One app for each Building) Please attach picture.
(Available in Most States)

1. Address of Property _____
City _____ County _____ St _____ Zip _____
2. Amount of Insurance Desired \$ _____ Deductible Desired \$ _____ (\$1000 Min.)
3. Building is occupied as: _____
4. Construction: Frame (wood) Masonry with wood joist Masonry with steel joist Steel Other _____
5. Within City Limits: Yes No 6. Monitored Alarm System: Yes No 7. Sprinklered: Yes No
8. Year Built: _____ Age of Wiring: _____ Age of Roof: _____ Age of Plumbing: _____ Age of Heating: _____
ALL UPDATES MUST BE WITHIN THE PAST 20 YEARS
9. Square Footage: _____ 10. Number of Stories: _____
11. How close is the nearest fire department? _____ Nearest fire hydrant? Within 1000 ft over 1000 ft.
12. If Coastal, what is the distance to water from this building?
 Less than 1500 ft. 1500 ft. to 1 mile 1 to 5 miles 5 to 10 miles Over 10 miles
13. Mortgagee: Name: _____
Address: _____
City, State, Zip: _____
Attention: _____ Loan#: _____

Multiple Locations: (Complete only if you have a Second Location)

Secondary Location Address: _____

Name: _____ Type:* _____ Values (Dealer Cost): _____

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