



P.O. Box 4389 - Davidson, NC 28036
 (P) 800-287-7127 (F) 704-895-0230
 info@acna.us
 www.collectorinsurance.com

COLLECTOR INSURANCE APPLICATION

NAME: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

AMOUNT OF COVERAGE REQUESTED

(A) BLANKET AMOUNT OF COVERAGE (UNSCHEDULED ITEMS UNDER \$5,000 OF VALUE)	(A) \$ _____
(B) TOTAL OF SCHEDULED ITEMS LISTED (ANY ITEM/SET VALUED AT \$5,000 OR MORE)	(B) \$ _____
TOTAL AMOUNT OF COVERAGE REQUESTED (A+B)	\$ _____

*****Coverage limits over \$200,000 require a central station alarm system*****

LIST SCHEDULED ITEMS OR COMPLETE SETS BELOW WITH A DESCRIPTION AND VALUE

(ATTACH SEPARATE LIST IF MORE SPACE IS NEEDED)

SCHEDULED ITEMS REQUIRE INDIVIDUAL PICTURES TO BE SENT WITH APPLICATION

DESCRIPTION	VALUE

Estimate Percentage of Collection by Category (By Value, Not Quantity)

_____ % Advertising	_____ % Entertainment Memorabilia	_____ % Militaria	_____ % Stamps
_____ % Autographs	_____ % Ephemera	_____ % Petroliana	_____ % Textiles
_____ % Bears/Dolls	_____ % Fine Art	_____ % Political Memorabilia	_____ % Toys
_____ % Books/Comics	_____ % Furniture	_____ % Posters	_____ % Trading Cards
_____ % Ceramics/Pottery	_____ % Glass	_____ % Radios/Phonographs	_____ % Video/Arcade Games
_____ % China	_____ % Guns (Pre 1970)	_____ % Records	_____ % Other: _____
_____ % Coin Op.	_____ % Kitchenware	_____ % Sports Memorabilia	_____ % Other: _____

1. What is your occupation? _____
2. How long have you been a Collector? _____
3. Have you had prior collector insurance? Yes No
 - a. If yes, what company? _____

4. Are you a dealer? Yes No
5. Is coverage being requested for any property that is for sale? Yes No
6. Do you maintain inventory records of your collection? Yes No
7. What type of inventory records do you keep? Written Computer Receipts Photos Other: _____
8. Where do you keep your inventory records? _____
9. Do you keep a duplicate copy of your inventory records? On Premise Off Premise No
10. Are any collectibles stored in a basement or below ground level? Yes No
11. Are any collectibles stored or left outside? Yes No

Location of Covered Property

Primary Location – Address: _____

Type of Location: Home Office Public Storage Other: _____

Year Built: _____ Construction: Frame Masonry Steel Other: _____

Please identify all of the following at this location: Central Burglar Alarm System Smoke Alarms Fire Extinguishers Deadbolts

Safe Bars Fenced Gated 24 Hour Guard Other Securities: _____

Value of Collection at this location: \$ _____ Is this location: Less than 5 miles to the coast Greater than 5 miles to the coast

Secondary Location – Address: _____

Type of Location: Second Home Office Public Storage Other: _____

Year Built: _____ Construction: Frame Masonry Steel Other: _____

Please identify all of the following at this location: Central Burglar Alarm System Smoke Alarms Fire Extinguishers Deadbolts

Safe Bars Fenced Gated 24 Hour Guard Other Securities: _____

Value of Collection at this location: \$ _____ Is this location: Less than 5 miles to the coast Greater than 5 miles to the coast

Third Location – Address: _____

Type of Location: Third Home Office Public Storage Other: _____

Year Built: _____ Construction: Frame Masonry Steel Other: _____

Please identify all of the following at this location: Central Burglar Alarm System Smoke Alarms Fire Extinguishers Deadbolts

Safe Bars Fenced Gated 24 Hour Guard Other Securities: _____

Value of Collection at this location: \$ _____ Is this location: Less than 5 miles to the coast Greater than 5 miles to the coast

*****IF YOU NEED MORE LOCATIONS LISTED ON THE POLICY, PLEASE INCLUDE ANOTHER SHEET WITH THAT INFORMATION*****

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

DATE	AMOUNT	DESCRIPTION

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

DATE	DESCRIPTION

14. Has any company canceled, non-renewed, or refused insurance coverage on your collectibles? Yes No

a. If yes, you must complete the following:

DATE	DESCRIPTION

15. Have you filed any collector and/or homeowner claims within the last 5 years? Yes No

a. If yes, you must complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

16. How did you hear about us? _____

17. How would you like your policy sent to you? Email Mail

18. Desired Effective Date of the Policy: _____

(Actual effective date of policy will be after the date received and approved in our office)

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

I understand and agree to the respective Fraud Statements and the following: The insurance company reserves the right to request an inventory and appraisal of your collection, at any time. Failure to have an inventory list, at the time of a loss, can delay the settlement of a claim. If approved, coverage will be effective the day after approval by the Underwriters or a later requested date. It is agreed and understood that no coverage exists for any collectibles that have been sold or are actively for sale. This policy has no coverage for jewelry, coins/currency, bullion, modern guns & motorized vehicles. Other specific exclusions and limitations may apply as per the policy. It is understood that all policies are subject to a 25% minimum earned premium at inception and there are no flat cancellations. I agree that any intentional concealment or 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 the collector policy.

Date: _____ **Signature:** _____

Fraud Statement:

Applicable in all states, except for the respective state's statement below:

Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, 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/or imprisonment.

Arizona:

For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas & West Virginia:

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.

California:

For your protection California law requires the following to appear on this form, any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado:

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.

District of Columbia:

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.

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.

Louisiana & Rhode Island:

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.

Maine:

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.

Maryland:

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.

New Jersey:

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico:

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.

New York:

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.

Oklahoma:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania:

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.

Tennessee:

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.

Texas:

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia:

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.

CREDIT CARD AUTHORIZATION

VISA MASTERCARD DISCOVER

CREDIT CARD #: _____

EXPIRATION DATE: _____ **CVV # (Last three digits on back of card):** _____

BILLING ADDRESS FOR CREDIT CARD: _____

DATE: _____ **AMOUNT: \$** _____

PRINT NAME: _____ **SIGNATURE:** _____