



# COLLECTOR CLUB

**P.O. Box 4389  
Davidson, NC 28036**

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

**www.acna.us**

## **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 programs for the Antiques & Collectibles Industry. The association was founded in 1991 and has over 3000 members in all 50 states.

### **MEMBER BENEFITS**

#### **Insurance Programs for Dealers:**

Inventory and Liability for Shop Owners,  
Mall Owners, Mall Dealers, Show  
Dealers, Show Promoters, Estate Sales,  
Auctioneers, Collector Clubs, Coin  
Dealers, & Internet Dealers

#### **Insurance Programs for Collectors & Coin Collectors**

Insurance Programs for Antique Cars,  
Muscle Cars, & Street Rods

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  
Ashford Institute of Antiques

#### **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**  
P.O. Box 4389  
Davidson, NC 28036

Or Fax to: 704-895-0230

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

### **COLLECTOR CLUB 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: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

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

# COLLECTOR CLUB LIABILITY INSURANCE APPLICATION

Club Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Fax #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Web Address \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**LIST OF SHOWS & CONVENTIONS TO BE COVERED:** If more room is needed attach list or copy form.

Show #	Show Location	Show Dates	Estimated Attendance	Name & Address of Additional Insured Venue

1. Do you charge admission?  Yes  No
2. Do you provide food service?  Yes  No  
If yes, is it:  Owned by you  Provided by show facility  Contracted third party
3. Do you provide security?  Yes  No  
If yes, describe: \_\_\_\_\_
4. Do you provide set up workers?  Yes  No  
If yes, who pays them? \_\_\_\_\_
5. Do you promote any other activities at the show? i.e. speakers, meetings, auctions etc.  Yes  No  
If yes, describe: \_\_\_\_\_
6. Present Insurance Company \_\_\_\_\_ Limits \_\_\_\_\_
7. How long have you been in business? \_\_\_\_\_
8. Have you had a loss in the last 5 years?  Yes  No If yes, describe: \_\_\_\_\_
9. Do you want to add dealers on a blanket basis to the coverage at a cost of \$6.30 each?  Yes  No  
*If so, we need to know the number of dealers at each show/convention. If you have an annual policy they can be reported after each show/convention.*
10. Do you want to cover your regular meetings and other activities under this policy?  Yes  No  
*If so, you will need an annual policy.*

## Two Ways to Do It. Choose One

- Per Show – The premium must be paid prior to the show or convention so that the certificate of coverage can be issued prior to the show.
- Annual Policy – An annual policy covering all your shows, conventions and regular meetings.

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. If accepted, coverage will be effective the day after approved by the underwriter or later requested date. This insurance does not include contractual nor errors & omissions liability coverage. Other specific exclusions and limitations 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. 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 or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

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

**Mail to: ACIG, P.O. Box 4389, Davidson, NC 28036 - Phone: 800-287-7127 - Fax: 704-895-0230**

# **Credit Card Authorization**

Visa     MasterCard     Discover

Card #: \_\_\_\_\_

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

Last three digits on back of card: \_\_\_\_\_

Amount Authorized: \$ \_\_\_\_\_

Billing address on card: \_\_\_\_\_

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

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