

**COLLECTOR INSURANCE APPLICATION:** Completing this application does not constitute an insurance binder. All applications are subject to underwriting review & approval. Incomplete applications will not be considered for coverage.

**PERSONAL INFORMATION**

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

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Years Collecting: \_\_\_\_\_ Occupation: \_\_\_\_\_ Years in Occupation: \_\_\_\_\_

**For Your Collection:** List Major Shows Attended, Organization Memberships, Writings in Publications, and/or Exhibits: \_\_\_\_\_

**Is your collection currently insured?**  No  Yes: Policy Number: \_\_\_\_\_ Company: \_\_\_\_\_

**Has any company refused, canceled or non-renewed insurance on your collectibles?**  Yes\*  No

**Have you ever been convicted of a felony?**  Yes\*  No

**Have you filed for bankruptcy in the last 5 years?**  Yes\*  No

**Have you filed a homeowner and/or collection claim in the last 5 years?**  Yes\*  No

*\*If Yes to these questions, provide additional information on page 4.*

**How Did You Hear About Us?** Specify the Individual, Appraiser, Association, Auction House, Magazine, Show, Website, etc. \_\_\_\_\_

**POLICY LIMIT AND COVERAGE OPTIONS**

**Enter the Total Value\* for Each Type of Collectible to be Insured:**

General Collectibles	\$
Guns, Knives, Other Weapons & Accessories	\$
Stamps & Philatelic Items	\$

Rates vary based on these 3 types of collectibles to be insured. All types of collectibles can be included on this application; however, a separate policy may be issued for each.

**BURGLARY & THEFT COVERAGE OPTIONS (Select One):**

- Full Burglary & Theft:** Coverage Provided Up to the Policy Limit  
This Option is Automatically Included for All Policies that Insure Guns, Knives, Other Weapons & Accessories.
- Limited Burglary & Theft:** Coverage Provided Up to the Policy Limit with a Maximum \$60,000 Limit of Insurance
- Limited Burglary & Theft:** Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance  
This Option Requires a Safe, Vault, or Central Station Alarm System.

**OPTIONAL COVERAGE: AUTOMATIC MONTHLY INCREASE (Select Yes or No):**

- Yes, include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles. The automatic increase will be NOT compounded monthly and has a \$1,000,000 maximum limit of insurance.
- No, do not include an automatic monthly increase in coverage.

## COLLECTION INFORMATION

### 1. Storage of Collection:

Describe where and how your collection is stored or displayed on your premises:

### 2. Have you had a single transaction of \$50,000 or more?

Yes  No

If Yes, do you keep and can you provide records of large purchases?

Yes  No

### 3. Do you keep records of purchases?

Yes  No

### 4. Do you have pictures of your collection?

Yes  No

### 5. Do you maintain an inventory or list?

Yes  No

If No for Question 4 and 5, how would you prove a loss?

### 6. Are any of the collectibles stored in a basement or other areas below ground floor?

Yes  No

If Yes, a *Stillage Endorsement* will be added to the policy requiring all items be stored 6" off the floor.

### 7. Are any of the collectibles stored outdoors exposed to the elements?

Yes\*  No

If Yes, provide additional information on page 4.

### 8. Are any of the collectibles kept in a public storage facility?

Yes  No

If Yes, coverage is available up to a maximum of \$100,000 at the storage facility for an additional 15% of premium.

### 9. Does your collection contain any individual items or a series/set worth \$25,000 or more?

Yes\*  No

If Yes, schedule items on page 4.

### 10. Estimate Percentage of Collectible by Category:

%	Advertising Collectibles	%	Fine Art	%	Political Memorabilia
%	Antique Radios/Phonographs	%	Furniture	%	Records & CDs
%	Antique Tools	%	Glass/Pottery	%	Sports Cards & Memorabilia
%	Art (comic, animation, prints, lithographs)	%	Guns, Knives, Other Weapons & Accessories	%	Stamps & Philatelic Items
%	Bears/Steiff Collections	%	Hunting/Fishing	%	Toys/Action Figures
%	Books & Manuscripts	%	Limited Edition Items	%	Trains, Including Layouts
%	Club/Organization Memorabilia	%	Militaria	%	Vintage Clothing
%	Coin Operated Devices	%	Movie Props	%	Vintage Sewing & Textiles
%	Coins (except gold & platinum*)	%	Musical Instruments	%	Western Americana
%	Comics	%	Native American, Including Arrowheads	%	Writing Instruments
%	Dolls	%	Paper/Ephemera	%	Zippo Lighters
%	Entertainment Memorabilia	%	Petroliana	%	Other (describe below)

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

\*Gold & Platinum Coins may be added to you policy upon request for an additional premium for coverage up to \$10,000.

Complete the Gold & Platinum Coin Application.

**PREMISES LOCATION(S):** Where collection is actually stored, physical address required, no P.O. Boxes.

**1. PRIMARY PREMISES LOCATION:** Coverage available within the continental United States and Hawaii.

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is this location within 2 miles of a major body of water?**  Yes  No

If Yes, a **Stillage Endorsement** will be attached to the policy requiring all items to be stored 6" off the floor.

If Yes, describe body of water: \_\_\_\_\_

**2. Type of Structure:**  Single Family  Condo  Apartment  
 Office  Bank  Public Storage  Other: \_\_\_\_\_

**3. Type of Construction:**  Frame  Masonry  
 Steel  Other: \_\_\_\_\_

**4. Year Built:** \_\_\_\_\_ If built prior to 1950, date last updated for electrical, heating, plumbing and roof: \_\_\_\_\_

**5. Safe and/or Vault Storage of Collectibles:**

**Any collectibles stored in an immobile safe weighing at least 300lbs empty?**  Yes  No

**Any collectibles stored in a vault with 3-inch walls, no windows and metal door?**  Yes  No

Construction of Vault: \_\_\_\_\_

**Type of lock for safe and/or vault:**  Combination  Digital  Key

**Who has access to the safe and/or vault?** \_\_\_\_\_

**6. Other Securities:**

- Central Station Alarm System
- Smoke Alarm(s)
- Deadbolts
- Bars
- Other: \_\_\_\_\_

**7. Do you have a secondary premises location?**  Yes (complete section below)  No

**2. SECONDARY PREMISES LOCATION:** Coverage available within the continental United States and Hawaii.

Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Is this location within 2 miles of a major body of water?**  Yes  No

If Yes, a **Stillage Endorsement** will be attached to the policy requiring all items to be stored 6" off the floor.

If Yes, describe body of water: \_\_\_\_\_

**2. Type of Structure:**  Single Family  Condo  Apartment  
 Office  Bank  Public Storage  Other: \_\_\_\_\_

**3. Type of Construction:**  Frame  Masonry  
 Steel  Other: \_\_\_\_\_

**4. Year Built:** \_\_\_\_\_ If built prior to 1950, date last updated for electrical, heating, plumbing and roof: \_\_\_\_\_

**5. Safe and/or Vault Storage of Collectibles:**

**Any collectibles stored in an immobile safe weighing at least 300lbs empty?**  Yes  No

**Any collectibles stored in a vault with 3-inch walls, no windows and metal door?**  Yes  No

Construction of Vault: \_\_\_\_\_

**Type of lock for safe and/or vault:**  Combination  Digital  Key

**Who has access to the safe and/or vault?** \_\_\_\_\_

**6. Other Securities:**

- Central Station Alarm System
- Smoke Alarm(s)
- Deadbolts
- Bars
- Other: \_\_\_\_\_

**SCHEDULED ITEMS:** Complete the section below or attach a schedule of items with this application.

- List all individual items or a series/set worth \$25,000 or more.
- The total Estimated Replacement Value must be equal to or less than the Total Value of Collection listed on page 1.

Description	Estimated Replacement Value
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

**PRIOR CLAIM HISTORY:** Provide additional information for any homeowners or collection claims filed in the last 5 years.

Date of Loss	Type & Description of Loss	Amount of Loss
		\$
		\$
		\$

**ADDITIONAL INFORMATION:**


**PAY BY CREDIT CARD:** Visa, MasterCard, American Express or Discover/Novus

Call 888-837-9537 (Press 1 to Make a Payment)

**PAY BY CHECK OR MONEY ORDER:**

Payable To: **Collectibles Insurance Services, LLC**

Mail to: **Collectibles Insurance Services, LLC**  
**Lockbox #4307**  
**P.O. Box 8500**  
**Philadelphia, PA 19178-4307**

**Do you agree to the Four (4) Warranties and Fraud Statement below?**  Yes  No

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

## **WARRANTIES:**

- 1. Replacement Value:** I understand that Replacement Value means the cost to replace the item(s) with similar collectibles of similar quality or if not replaceable, then the appraised valuation by a competent authority or the purchase price.
- 2. Dealer Stock:** I understand that coverage is for a personal collection as listed on application. Collectible property held for sale or trade & property acquired for resale are not covered. I understand that if a loss occurs to the collectibles that are part of a dealer stock, insurance provided based on this application does not cover such loss. Dealer coverage is available; contact our office for additional information.
- 3. Application:** I understand that completing this application does not constitute an insurance binder & that all applications are pending underwriting review & approval. If a policy is issued, it is based on the information contained in this application, including the type of collectibles to be insured.
- 4. Records:** I understand that although Collectibles Insurance Services does not require an inventory at time of application, I will need to prove ownership at time of loss by keeping records of my collections such as an inventory, receipts, pictures, and video.

**FRAUD STATEMENT:** Applicable in all jurisdictions, except for separate jurisdiction statements below.

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.

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\*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. \*Applies in MD Only.

### **Applicable in CO**

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.

### **Applicable in FL and OK**

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)\*. \*Applies in FL Only.

### **Applicable in KS**

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, 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 insures, 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 thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

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\* (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \* Applies to NY Only.

### **Applicable in ME, TN, VA and WA**

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. \*Applies in ME Only.

### **Applicable in NJ**

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

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating states law.