



## Private Collector Program

Please read this application carefully and confirm that all information is correct.

Name \_\_\_\_\_ Mailing Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone where we can reach you \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Web Address \_\_\_\_\_ Desired Coverage Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### Type of Private Collector

\_\_\_\_\_

### Type of Location

			Yes	No
<input type="checkbox"/> Commercial building	<input type="checkbox"/> Single family home	<input type="checkbox"/> Apartment/coop/condo		
<input type="checkbox"/> Storage Facility	<input type="checkbox"/> Art Storage	Name of storage facility?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Standard Storage	Name of storage facility?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Self Storage	Name of storage facility?	<input type="checkbox"/>	<input type="checkbox"/>

### Construction Type

		Yes	No
_____	Other _____		
Year building built _____	How many floors are there in the building? _____		
Is your property within 1000 Feet of a public fire hydrant and within 5 miles of a fire department?		<input type="checkbox"/>	<input type="checkbox"/>
What is the distance to the hydrant? _____	What is the distance to the fire department? _____		
Is it a volunteer fire department?		<input type="checkbox"/>	<input type="checkbox"/>

### Risk Location Factors

		Yes	No
Location #1 (primary?)		<input type="checkbox"/>	<input type="checkbox"/>
Street _____	Country _____		
City _____	State _____ Zipcode _____		
Is this location owned or leased? _____	Estimated value at this location \$ _____		

### Loss Protection Information

	Yes	No	Yes	No
<b>The premises are protected with:</b>				
Deadbolt locks on exterior doors?	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher?	<input type="checkbox"/> <input type="checkbox"/>
Smoke detectors?	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler system?	<input type="checkbox"/> <input type="checkbox"/>
Fire alarm?	<input type="checkbox"/>	<input type="checkbox"/>		
Local (Sounds alarm at premises only)			<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)			<input type="checkbox"/>	<input type="checkbox"/>
Burglar alarm?	<input type="checkbox"/>	<input type="checkbox"/>		
Local (Sounds alarm at premises only)			<input type="checkbox"/>	<input type="checkbox"/>
Central station (Reports to an alarm company, Police or Fire Department)			<input type="checkbox"/>	<input type="checkbox"/>

Loss Protection Information Continued

Yes No

Do you have private security?
If yes, select one \_\_\_\_\_ Other \_\_\_\_\_
Do you have a safe on premises?
Do you have locked display cases?
Do you have a strong room or vault?
Do you have other locations?
Locations that are occupied for 6 months out of a year need to be added.

Risk Selection

Yes No

Occupation \_\_\_\_\_ Number of years collecting \_\_\_\_\_
Are you a member of any professional organizations relating to your collection?
If yes, which ones \_\_\_\_\_
Have you had any claims in the past 5 years?
Description of loss \_\_\_\_\_ Date of loss \_\_\_\_\_
Amount paid \$ \_\_\_\_\_
What has been done, if anything, to prevent future claims of this type? \_\_\_\_\_
Are you currently insured?
Current insurance company \_\_\_\_\_
Has your insurance been cancelled or non-renewed for any reason?
If yes, then reason \_\_\_\_\_ Other \_\_\_\_\_
Have you filed bankruptcy in the last 7 years?
Do you have appraisals for the items in your collection?
How recent are these? \_\_\_\_\_
Do you employ professional staff to manage and maintain your collection?
Number of staff \_\_\_\_\_
Do you loan your items to others?
Do you execute a loan agreement for these loans?
Do you have items on consignment with a dealer?
Are these consignments in writing?
Are you required to provide the insurance coverage while the item is consigned? Please note that if the dealer is providing the coverage, be certain this condition is written into your consignment agreement.
Do you retain 100% ownership of your collection?
What percentage? \_\_\_\_\_%
Please identify those items and provide further details of ownership:
Does the public have access to your collection?
Do you have a computerized inventory?
How often is your inventory list updated? \_\_\_\_\_

Risk Selection Continued

Yes No

Do you have a digitized inventory? [ ] [ ]
Do you have a written disaster plan? [ ] [ ]

Determining the Values at Risk

Describe your inventory Check each that apply

[ ] Fine Arts [ ] Silverware [ ] Musical Instruments [ ] Stamps & coins [ ] Wine collections [ ] Furs
[ ] Jewelry [ ] Cameras [ ] Collector Vehicles [ ] Rare books and Manuscripts
[ ] Miscellaneous Collectibles (please describe) \_\_\_\_\_

Percentage of collection that is breakable or fragile \_\_\_\_\_%
Amount in vault \_\_\_\_\_ Amount out of vault \_\_\_\_\_
Highest valued item \_\_\_\_\_
Total collection value \$ \_\_\_\_\_
Total amount of coverage you wish to purchase \_\_\_\_\_
The minimum limit permitted is the amount at the highest valued location.

Policy Type

We offer two types of policies for the private collector. The blanket policy provides coverage for your unscheduled special property. The scheduled policy provides coverage for items listed individually on the policy by description and value. This policy type provides more credits and a lower overall cost to you.

Which policy type do you choose? \_\_\_\_\_
You will need to upload or enter your inventory upon ordering this coverage. You may do this using our an on-line inventory management tool which is provided at the time you choose to order coverage.

Deductibles

Choose from the list below \_\_\_\_\_ Other \_\_\_\_\_
All outdoor sculptures require a \$2,500 deductible

Earthquake/CA Supplemental Questionnaire

Yes No

Do you want an earthquake coverage quotation? [ ] [ ]
Value of collection at this location \$ \_\_\_\_\_ What year was your building built? \_\_\_\_\_
Has the structure been retrofitted in accordance with California building codes? [ ] [ ]
Has the collection been professionally mitigated? [ ] [ ]
Do you have this report? [ ] [ ]
Have the recommendations been implemented? [ ] [ ]
What measures have you taken to protect the collection should an earthquake occur?
Are sculptures secured to their bases? [ ] [ ]
Are decorative objects secured to the surface with adhesive mounts? [ ] [ ]
Are pictures hung on the wall with approved hooks? [ ] [ ]
Other mitigation methods, please describe \_\_\_\_\_

**Florida and Gulf of Mexico Supplemental Questionnaire****Yes No**

Is the property within 5 miles of coastal body of water?	<input type="checkbox"/>	<input type="checkbox"/>
Are there permanent shutters or high-impact resistant glass on all windows of your building?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a storm closet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have hurricane straps holding the roof to the rafters?	<input type="checkbox"/>	<input type="checkbox"/>
Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure?	<input type="checkbox"/>	<input type="checkbox"/>
If the roof is Spanish tile, are clips in place?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a back up generator for the climate control system?	<input type="checkbox"/>	<input type="checkbox"/>
Is the back-up generator located off the ground?	<input type="checkbox"/>	<input type="checkbox"/>
Are air conditioning systems functioning at all times to prevent mold?	<input type="checkbox"/>	<input type="checkbox"/>
Are you ready to move the collection to a safe location in the event of a hurricane watch?	<input type="checkbox"/>	<input type="checkbox"/>
Is this location a specialty warehouse?	<input type="checkbox"/>	<input type="checkbox"/>
Other type of location, please describe:		

**Terrorism Coverage**

As provided under the TRIA amended by Congress on 12/26/2007 we will automatically include a price for Terrorism coverage in your quote if available. If you decide you do not want this coverage, you may decline it before the policy is issued.

**Fraud Statements**

**Applicable in AL, AR, LA, NM, RI, and WV:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

**Applicable in CO, ME, TN, VA, 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, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 policy- holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in CA:** For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Applicable in DC: WARNING:** 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.

**Applicable in FL:** 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.

**Applicable in KY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Applicable in MD:** 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.

**Fraud Statements *Continued***

**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 NY:** 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.

**Applicable in OH:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

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

**Applicable in OR:** This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

**Applicable in 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.

**Applicable in other states:** Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

**THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_