

# ACORD™ DEALERS SECTION

DATE

<b>PRODUCER</b>	<b>PHONE (A/C, No, Ext):</b>	<b>APPLICANT (First Named Insured)</b>			
		<b>PROPOSED EFF DATE</b>	<b>PROPOSED EXP DATE</b>		
		<b>SUBJECT OF INSURANCE</b>	<input type="checkbox"/> CAMERA DEALER <input type="checkbox"/> EQUIPMENT DEALER	<input type="checkbox"/> FINE ARTS DEALER <input type="checkbox"/> MUSICAL INSTRUMENT DEALER	<input type="checkbox"/> STAMP AND COIN DEALER
<b>CODE:</b>	<b>SUB CODE:</b>	<b>FOR COMPANY USE ONLY</b>			
<b>AGENCY CUSTOMER ID:</b>					

## PREMISES PROTECTION

<b>PREMISES FROM WHICH BUSINESS IS CONDUCTED</b>		<b>FLOOR WHERE PREMISES LOCATED</b>	<b>ANY PROPERTY IN BASEMENT? IF YES, DESCRIBE.</b>		
		<input type="checkbox"/>	<input type="checkbox"/> YES		
		<input type="checkbox"/>	<input type="checkbox"/> NO		
<b># OF ENTRANCES OPEN TO PUBLIC</b>	<b># OF SHOW WINDOWS</b>	<b>HOW ARE SHOW WINDOWS PROTECTED?</b>		<b># OF SHOWCASES</b>	<b>HOW ARE SHOWCASES PROTECTED?</b>

## PREMISES INFORMATION

<b>BURGLAR ALARM TYPE</b>	<b>CERTIFICATE #</b>	<b>EXPIRATION DATE</b>	<b>EXTENT</b>	<b>LINE SECURITY</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<b>LOCAL CENTRAL STATION</b>	<input type="checkbox"/>	<b>OTHER CONNECT</b>	
<b>BURGLAR ALARM INSTALLED AND SERVICED BY</b>				<b>RESPONSE TIME</b>		<b>CLOCK HOURLY</b>			
<b>PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO/Chemical Systems)</b>				<b>FIRE ALARM MANUFACTURER</b>		<b>CERTIFICATE #</b>		<b>LOCAL CENTRAL STATION</b> <input type="checkbox"/>	<b>OTHER CONNECT</b> <input type="checkbox"/>
<b>TOTAL GROSS SALES DURING THE PRECEDING TWELVE MONTHS</b>	<b>THE HIGHEST MERCHANDISE INVENTORY DURING THE PAST TWELVE MONTHS WAS TAKEN ON DATE</b>		<b>AND WAS EXACTLY</b>		<b>THE AVERAGE VALUE OF PROPERTY OF OTHERS DURING THE PAST TWELVE MONTHS IN THE CUSTODY OF THE INSURED AT ANY ONE TIME AND INCLUDING AVERAGE ACCRUED CHARGES OUTSTANDING WAS</b>				
\$			\$		\$				
<b>DESCRIBE YOUR STOCK</b>									
<b>DO YOU RENT PROPERTY TO OTHERS? IF YES, PLEASE DESCRIBE. (PLEASE ATTACH A COPY OF YOUR RENTAL AGREEMENT)</b>									
<input type="checkbox"/> YES									
<input type="checkbox"/> NO									
<b>DO YOU HAVE PROPERTY ON CONSIGNMENT? PLEASE DESCRIBE. (PLEASE ATTACH A COPY OF THE CONSIGNMENT AGREEMENT)</b>					<b>DEDUCTIBLE AMT</b>	<b>COINSURANCE PERCENTAGE</b>			
<input type="checkbox"/> YES					\$	<input type="checkbox"/> 80%	<input type="checkbox"/> 90%	<input type="checkbox"/> 100%	
<input type="checkbox"/> NO									

## LIMITS OF INSURANCE REQUIRED

<b>a.</b>		<b>ON STOCK/INVENTORY LOCATED AT</b>
	\$	
	\$	
	\$	
	\$	
<b>b.</b>	\$	<b>ON STOCK/INVENTORY IN TRANSIT BY REGISTERED MAIL OR ARMORED CAR SERVICES</b>
		<b>ANNUAL VALUES SHIPPED \$</b> <b>AVERAGE VALUE PER SHIPMENT \$</b>
	\$	<b>ON STOCK/INVENTORY IN OF TRANSIT BY PARCEL DELIVERY SERVICE</b>
		<b>ANNUAL VALUES SHIPPED \$</b> <b>AVERAGE VALUE PER SHIPMENT \$</b>
	\$	<b>ON STOCK/INVENTORY IN OF TRANSIT BY COMMON CARRIER OR CONTRACT CARRIER</b>
		<b>ANNUAL VALUES SHIPPED \$</b> <b>AVERAGE VALUE PER SHIPMENT \$</b>
	\$	<b>ON STOCK/INVENTORY IN TRANSIT ON YOUR VEHICLES</b>
		<b>ANNUAL VALUES SHIPPED \$</b> <b>AVERAGE VALUE PER SHIPMENT \$</b>
<b>c.</b>	\$	<b>ON STOCK/INVENTORY IN THE CUSTODY OR CONTROL OF THE INSURED OR THEIR EMPLOYEES WHILE AWAY FROM THE DESCRIBED PREMISES</b>
<b>d.</b>	\$	<b>ON PROPERTY IN SHOW WINDOWS AT PREMISES DESCRIBED IN "a" ABOVE, BUT NOT TO EXCEED \$</b>
	1. \$	<b>MAXIMUM AMOUNT IN ANY ONE SHOW WINDOW WHEN OPEN FOR BUSINESS/</b>
	\$	<b>ALL WINDOWS WHEN OPEN FOR BUSINESS</b>
	2. \$	<b>MAXIMUM AMOUNT IN ANY ONE SHOW WINDOW WHEN CLOSED FOR BUSINESS/</b>
	\$	<b>ALL WINDOWS WHEN CLOSED FOR BUSINESS</b>
	3. \$	<b>MAXIMUM AMOUNT OF INVENTORY ON THE FLOOR AT CLOSE OF BUSINESS (OUTSIDE OF SAFE/VAULT)</b>
<b>e.</b>	\$	<b>EQUIPMENT AND ACCESSORIES INSIDE THE BUILDING (APPLICABLE TO EQUIPMENT DEALERS ONLY)</b>
	\$	<b>EQUIPMENT AND ACCESSORIES OUTSIDE THE BUILDING (APPLICABLE TO EQUIPMENT DEALERS ONLY)</b>

**LIMITS OF INSURANCE REQUIRED (Continued)**

f. \$	PROPERTY WHILE ON EXHIBIT. HOW OFTEN IS PROPERTY ON EXHIBIT? PLEASE DESCRIBE
g. \$	IN ANY ONE LOSS, DISASTER OR OCCURRENCE
h. \$	IN THE AGGREGATE AT ALL PLACES WHERE COVERAGE IS AFFORDED (DOES NOT APPLY TO PROPERTY IN DUE COURSE OF TRANSIT)

**SAFE/VAULT INFORMATION**

IS ANY STOCK KEPT IN A SAFE/VAULT? DESCRIBE

SAFE

VAULT

MANUFACTURER		LABELING INFORMATION		TYPE		RELOCKING DEVICE		COMBINATION LOCKS	
<input type="checkbox"/> SAFE		<input type="checkbox"/> UL		<input type="checkbox"/> BURGLARY		<input type="checkbox"/> YES		<input type="checkbox"/> UL GROUP 1	
<input type="checkbox"/> VAULT		<input type="checkbox"/> OTHER (PLEASE DESCRIBE)		<input type="checkbox"/> FIRE		<input type="checkbox"/> NO		<input type="checkbox"/> UL GROUP 2	
								<input type="checkbox"/> OTHER:	

TYPE (EXCLUDING BOLTWORK)	WALL THICKNESS, IF NON-UL LABEL (IF OTHER, INCL DETAILED INFO ON DOOR CONSTRUCTION AND ENTIRE ENCLOSURE)	% OF INVENTORY KEPT IN SAFE/VAULT WHEN THE PREMISES ARE CLOSED FOR BUSINESS	DESCRIBE PROPERTY KEPT IN SAFE/VAULTS

MANUFACTURER		LABELING INFORMATION		TYPE		RELOCKING DEVICE		COMBINATION LOCKS	
<input type="checkbox"/> SAFE		<input type="checkbox"/> UL		<input type="checkbox"/> BURGLARY		<input type="checkbox"/> YES		<input type="checkbox"/> UL GROUP 1	
<input type="checkbox"/> VAULT		<input type="checkbox"/> OTHER (PLEASE DESCRIBE)		<input type="checkbox"/> FIRE		<input type="checkbox"/> NO		<input type="checkbox"/> UL GROUP 2	
								<input type="checkbox"/> OTHER:	

TYPE (EXCLUDING BOLTWORK)	WALL THICKNESS, IF NON-UL LABEL (IF OTHER, INCL DETAILED INFO ON DOOR CONSTRUCTION AND ENTIRE ENCLOSURE)	% OF INVENTORY KEPT IN SAFE/VAULT WHEN THE PREMISES ARE CLOSED FOR BUSINESS	DESCRIBE PROPERTY KEPT IN SAFE/VAULTS

**REMARKS**