

ACORDTM PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext): FAX (A/C, No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			
		CO/PLAN		POL#:	
CODE: AGENCY CUSTOMER ID		SUBCODE:		ACCT#:	
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL AGENCY BILL	PAYMENT PLAN
				NAIC CODE	TELEPHONE NUMBER

APPLICANT & LOCATION INFORMATION

BIRTH DATE	MARITAL STATUS	OCCUPATION	SPOUSE'S OCCUPATION	TERR CODE	PROTECT CLASS	FIRE DISTRICT/CODE NUMBER
LOCATION OF PROPERTY (If Different From Above) <input type="checkbox"/> ADDITIONAL LOCATION			DWELLING TYPE(S)	CONSTRUCTION TYPE(S)		# FAMILIES (In Each)
OTHER						

COVERAGES

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				
UNATTENDED CAR COVERAGE (Stamps/Coins)		SAFE CREDIT (Identify Property, Safe Class, Etc)		BREAKAGE COVERAGE (*On Schedule)		TOTAL: \$			
BROAD FORM PAIR & SET COVERAGE		ACV LOSS SETTLEMENT		BLANKET COVERAGE					
NON-MOBILE ORGAN COVERAGE		REPLACEMENT COST LOSS SETTLEMENT							

ADDITIONAL RATING INFORMATION

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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?		
2. WILL ANY PROPERTY BE EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?			PRIOR INSURER & POLICY NUMBER		
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALY?					
6. ANY OTHER INSURANCE WITH THIS COMPANY?					

REMARKS

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SCHEDULE OF PROPERTY

#	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, USE THE SCHEDULE ON THE REVERSE SIDE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS.	ACORD APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
		YES	NO		

SCHEDULE OF PROPERTY (Continued)

#	DESCRIPTION	ACORD APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
		YES	NO		

FOR COMPANY USE ONLY

ATTACHMENTS

	STATE SUPPLEMENT(S) (if applicable)
	PHOTOGRAPH
	APPRAISAL
	BILL OF SALE
	PROTECTIVE DEVICE CERTIFICATE

BINDER/SIGNATURE

INSURANCE BINDER		IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:	
EFFECTIVE DATE	EXPIRATION DATE	THIS COMPANY BINDS THE KIND(S) OF INSURANCE STIPULATED ON THIS APPLICATION. THIS INSURANCE IS SUBJECT TO THE TERMS, CONDITIONS AND LIMITATIONS OF THE POLICY(IES) IN CURRENT USE BY THE COMPANY. THIS BINDER MAY BE CANCELLED BY THE INSURED BY SURRENDER OF THIS BINDER OR BY WRITTEN NOTICE TO THE COMPANY STATING WHEN CANCELLATION WILL BE EFFECTIVE. THIS BINDER MAY BE CANCELLED BY THE COMPANY BY NOTICE TO THE INSURED IN ACCORDANCE WITH THE POLICY CONDITIONS. THIS BINDER IS CANCELLED WHEN REPLACED BY A POLICY. IF THIS BINDER IS NOT REPLACED BY A POLICY, THE COMPANY IS ENTITLED TO CHARGE A PREMIUM FOR THE BINDER ACCORDING TO THE RULES AND RATES IN USE BY THE COMPANY. THE QUOTED PREMIUM IS SUBJECT TO VERIFICATION AND ADJUSTMENT, WHEN NECESSARY, BY THE COMPANY.	
TIME	12:01 AM		
	NOON		
<input type="checkbox"/> COVERAGE IS NOT BOUND			
<p>NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p> <p><input type="checkbox"/> Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states. Consult your agent or broker for your state's requirements.)</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied.)</p> <p>APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.</p>			
APPLICANT'S SIGNATURE	DATE	PRODUCER'S SIGNATURE	NATIONAL PRODUCER NUMBER