



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 kilometers 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 _____	City _____ Country _____		
Province _____	Postal Code _____		
Is this location owned or leased? _____ Estimated value at this location \$ _____			

Loss Protection Information

		Yes	No	Yes	No
The premises are protected with:					
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"/>
Do you have private security?				<input type="checkbox"/>	<input type="checkbox"/>
If yes, select one: _____ Other _____					

Loss Protection Information *continued*

Yes No

Do you have a safe on premises?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have locked display cases?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a strong room or vault?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have other locations?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, which ones: _____		
Have you had any claims in the past 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
Current insurance company _____		
Has your insurance been cancelled or non-renewed for any reason?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, then reason: _____ Other _____		
Have you filed bankruptcy in the last 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have appraisals for the items in your collection?	<input type="checkbox"/>	<input type="checkbox"/>
How recent are these? _____		
Do you employ professional staff to manage and maintain your collection?	<input type="checkbox"/>	<input type="checkbox"/>
Number of staff _____		
Do you loan your items to others?	<input type="checkbox"/>	<input type="checkbox"/>
Do you execute a loan agreement for these loans?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have items on consignment with a dealer?	<input type="checkbox"/>	<input type="checkbox"/>
Are these consignments in writing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you required to provide the insurance coverage while the item is consigned? <i>Please note that if the dealer is providing the coverage, be certain this condition is written into your consignment agreement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
Do you retain 100% ownership of your collection?	<input type="checkbox"/>	<input type="checkbox"/>
What percentage? _____		
Please identify those items and provide further details of ownership: _____		

Does the public have access to your collection?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a computerized inventory?	<input type="checkbox"/>	<input type="checkbox"/>
How often is your inventory list updated? _____		
Do you have a digitized inventory?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written disaster plan?	<input type="checkbox"/>	<input type="checkbox"/>

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? Yes No

Value of collection at this location \$ _____ What year was your building built? _____

Has the structure been retrofitted in accordance with California building codes? Yes No

Has the collection been professionally mitigated? Yes No

Do you have this report? Yes No

Have the recommendations been implemented? Yes No

What measures have you taken to protect the collection should an earthquake occur? _____

Are sculptures secured to their bases? Yes No

Are decorative objects secured to the surface with adhesive mounts? Yes No

Are pictures hung on the wall with approved hooks? Yes No

Other mitigation methods, please describe _____

Florida and Gulf of Mexico Supplemental Questionnaire

Yes No

Is the property within 5 kilometers of coastal body of water? Yes No

Are there permanent shutters or high-impact resistant glass on all windows of your building? Yes No

Do you have a storm closet? Yes No

Do you have hurricane straps holding the roof to the rafters? Yes No

Are hurricane shutters closed for extended periods of non-occupancy, such as seasonal closure? Yes No

Florida and Gulf of Mexico Supplemental Questionnaire *continued*

Yes No

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.

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____

Thank you for completing this information.