

Personal Articles Floater

1. Agency Code: _____ Agency: _____
 2. Phone: _____ Fax: _____ Web site: _____
 3. Producer: _____ E-Mail Address: _____
 4. Assistant: _____ E-Mail Address: _____

General Information:

5. Name of Applicant: _____
 6. Mailing Address: _____ City: _____ State: _____ Zip: _____
 7. Physical Address: _____ City: _____ State: _____ Zip: _____
 8. Contact Person: _____ Phone: _____ E-mail: _____
 9. Effective Date: / / Expiration Date: / / Need By Date: / /

Subject of Coverage:

| | Amount of Insurance | Valuation |
|--|---------------------|--|
| 10. Jewelry: | | |
| ⇒ Scheduled Ladies' Jewelry: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Unscheduled Ladies' Jewelry: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Scheduled Men's Jewelry: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Unscheduled Men's Jewelry: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Jewelry in Vault | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| 11. Furs: | | |
| ⇒ Scheduled Furs: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Unscheduled Furs: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Garments Trimmed with Fur: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| 12. Scheduled Fine Arts: | | |
| ⇒ Excluding Breakage: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Including Breakage: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| 13. Silverware: (Meaning silverware, silver-plated ware, goldware, gold-plated ware and pewterware) | | |
| ⇒ Scheduled Silverware: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| ⇒ Unscheduled Silverware: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| 14. Guns: | | |
| ⇒ Scheduled Guns: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| 15. Musical Instruments: | | |
| ⇒ Any instrument to be played for remuneration? | \$ _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ⇒ If yes, please describe in detail: _____ | | |
| _____ | | |
| 16. Household Goods Stored Miniwarehouse: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |
| Named Perils Only | | |
| ⇒ Construction of Warehouse: _____ | | |
| ⇒ Location of Warehouse: _____ | | |
| ⇒ Unit #: _____ | | |
| 17. Miscellaneous: | \$ _____ | <input type="checkbox"/> ACV <input type="checkbox"/> RC |

Legend:
 *Please schedule all items greater than \$500.00 (include description, make/model/brand)
 *Please provide vault details (including manufacturer, rating, type, key lock or combination lock)
 *Please schedule any "set" valued over \$1,000.00
 *Please schedule any instrument valued over \$1,000.00

Exposure & Controls:

18. Does applicant own or rent the described premises? Own Rent
Is this a: Dwelling Townhouse Apartment Condo Mobile Home Other _____
19. Does applicant have a burglar alarm? Yes No Central Station Reporting? Yes No
Brand Name: _____ UL approved? Yes No
Additional Alarm Information: _____ UL approved? Yes No

20. Is the described residence occupied during the day? Yes No
By whom: _____
21. Does applicant travel outside of the U.S. frequently? Yes No
If yes, how often? _____
If yes, what among the above articles is taken abroad? _____
22. Has applicant sustained a burglary, robbery or theft loss in the last 5 years? Yes No
If yes, please give date and details: _____

23. Was a claim presented to an insurance company? Yes No Amount Paid: \$ _____
24. Has the applicant sustained any other losses in the last 5 years of schedule items on a floater or Homeowners policy? Yes No
If yes, please give date, details and amount paid _____

25. Has any other company ever cancelled coverage or refused to insure similar type(s) property? Yes No
If yes, please give details _____

Limits of Liability:

26. Combined Limit of Liability \$ _____
27. Please describe any additional coverage requested (Pairs & Sets for example) or protection regarding the above: _____

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Signature _____ Date _____
Print Name _____ Title _____

**APPLICATIONS MUST BE FULLY COMPLETED AND SIGNED
PRIOR TO COVERAGE BEING BOUND**