



## Application for Collections Insurance

### Applicant Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Has Applicant (or family) ever declared bankruptcy? Y/N

If yes please provide details: \_\_\_\_\_

Names & Relationships of Other Individuals Residing at above address:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Do you have any pets? If so please provide details: \_\_\_\_\_

### Collection

Total Value \$ \_\_\_\_\_ Please attach a listing of objects to be insured.

Does applicant retain clear title to each object? Y/N: If no please provide details: \_\_\_\_\_

Have any of the objects to be insured sustained previous damage? Y/N If yes, please provide details: \_\_\_\_\_

Is a duplicate inventory record maintained off-premises? Y/N

Are any objects displayed outside? Y/N (please identify on schedule)? How are they secured?

Who is responsible for framing/hanging artwork? \_\_\_\_\_

**Please list all Locations where property is or will be located and values at each:** *(please fill out a location supplement for each additional location)*

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Type of building: Single Family home, Co-op/Condo, Museum, Exhibition space, Fine Art Storage

Warehouse, Other (Details) \_\_\_\_\_ Built (Year): \_\_\_\_\_

Construction: \_\_\_\_\_

Are any objects stored in the basement? Y/N Values Here: \$ \_\_\_\_\_

Fire Prevention

Are Entire structure(s) monitored by a central station heat or smoke detection system? If not, please provide details: \_\_\_\_\_

Number of portable fire extinguishers? \_\_\_\_\_ Is Premises Sprinklered? Y/N

When was electrical/HVAC system installed or updated? \_\_\_\_\_

Burglary Prevention

Name of Central Station Burglary Company? \_\_\_\_\_

Does Central Station Alarm have Line Security? Y/N

Do you have a Home Safe? *(Jewelry only)* Y/N

Is the Home Safe connected to burglar alarm above? *(Jewelry only)* Y/N

How is home safe anchored? *(Jewelry only)* \_\_\_\_\_

Are All Doors and Windows secured with Locks? Y/N

Are premises unoccupied for more than two weeks at a time? Y/N If yes, please provide details: \_\_\_\_\_

California Only:

Is Building retrofitted in accordance with CA building codes? Y/N Date: \_\_\_\_\_

What is Brush clearance? (Vertical Ft): \_\_\_\_\_

Are objects secured with the following: Y/N (Select all that apply): Earthquake hooks, museum wax,

Florida Only:

Are Premises fitted with any of the following? Y/N (Select all that apply) Storm Shutters, Humidity control, roof clips, storm glass

What is distance from ocean? \_\_\_\_\_ What is elevation? \_\_\_\_\_

**Insurance**

Has applicant sustained any losses during the past five years? Y/N If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Has any insurance ever been canceled? Y/N If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

Do you currently have insurance? Y/N

Current Carrier: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

How long have you been insured with your current insurer? \_\_\_\_\_ Years

**Producer**

How long have you known applicant? \_\_\_\_\_ Years

Do you handle any other lines of insurance for the applicant? If yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

**Applicant Warranty**

I understand the information reflected in this application to be true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producers Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>ALASKA</b>	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
<b>ARIZONA</b>	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
<b>ARKANSAS</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>CALIFORNIA</b>	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>COLORADO</b>	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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 policyholder 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.
<b>DISTRICT OF COLUMBIA</b>	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.
<b>HAWAII</b>	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
<b>IDAHO</b>	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
<b>INDIANA</b>	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
<b>LOUISIANA</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
<b>MAINE</b>	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, or a denial of insurance benefits.
<b>MINNESOTA</b>	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
<b>NEW HAMPSHIRE</b>	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
<b>NEW MEXICO</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application

	for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
<b>NEW YORK</b>	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.
<b>OHIO</b>	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.
<b>OKLAHOMA</b>	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.
<b>OREGON</b>	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
<b>PENNSYLVANIA</b>	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.
<b>TENNESSEE</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>VIRGINIA</b>	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WASHINGTON</b>	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.