AGENCY CUSTOMER ID: _____

ACORD

PERSONAL INLAND MARINE SECTION

DATE (MM/DD/YYYY)

PRODUCER	CARRIER	NAIC CODE

POLICY NUMBER	EFFECTIVE DATE	NAMED INSURED(S)

LOCATION INFORMATION

INFORMATION FROM ACORD 88			COMPLETE FOR MONO-LINE POLICIES OR FILL FROM ACORD 89					
LOC #	LOCATION OF PROPERTY	TERR CODE	CONSTRUCTION TYPE	DWELLING TYPE	PROT CLASS	# FAM	FIRE DISTRICT NAME	FIRE DIST CODE

PROPERTY CLASS / COVERAGE INFORMATION

SCH #	PROPERTY CLASS	PROPERTY DESCRIPTION	LOC #	LOSS SETTLEMENT (ACV / RC)	COVERAGE QUALIFIERS*			PROFESSIONAL/ COMMERCIAL USE? (Y / N)	EXHIBITED? (Y / N)	IN VAULT? (Y / N)	BLNKT COV? (Y / N)	DED	AMOUNT OF INSURANCE	RATE	PREMIUM
1	JL	JEWELRY											$		$
2	FR	FURS											$		$
3	FA	FINE ARTS											$		$
4	CM	CAMERAS											$		$
5	MI	MUSICAL INSTRUMENTS											$		$
6	SV	SILVERWARE											$		$
7	ST	STAMPS											$		$
8	CN	COIN COLLECTIONS											$		$
9	GF	GOLFER'S EQUIPMENT											$		$
10	PC	PERSONAL COMPUTERS											$		$
11	CC	CHINA / CRYSTAL											$		$
12	EL	ELECTRONIC EQUIPMENT											$		$
13	GU	GUNS											$		$
14													$		$
15													$		$
16													$		$
17													$		$
													TOTAL:		$

*** COVERAGE QUALIFIERS**

(AR) ALL RISK (USED FOR GUNS)
(BB) BLANKET BASIS
(BE) BREAKAGE EXCLUSION BUY-BACK
(BF) BROAD FORM PAIR AND SET
(BR) BROAD FORM (USED FOR GUNS)
(DP) DEPRECIATED (USED FOR FURS)
(ED) LIMITED EDITIONS
(LE) LASER ENGRAVED
(NO) NON-MOBILE ORGAN
(NS) NON-STANDARD
(PO) PORTABLE
(SB) SCHEDULED AND BLANKET BASIS
(SC) SAFE CREDIT
(SL) SCHEDULED BASIS
(T1) TIERED RATING 1
(T2) TIERED RATING 2
(T3) TIERED RATING 3
(T4) TIERED RATING 4
(T5) TIERED RATING 5
(T6) TIERED RATING 6
(T7) TIERED RATING 7
(T8) TIERED RATING 8
(T9) TIERED RATING 9
(UA) UNATTENDED AUTOMOBILE
(VC) VAULT CREDIT

SAFE / VAULT INFORMATION

☐ BANK VAULT IN USE? (If "YES", Bank Address):

☐ RESIDENT VAULT IN USE? (If "YES", complete the following):

LOC #	MANUFACTURER	MODEL	LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
					ROUND	SQUARE	OUTER	INNER	CHEST	DOOR	WALL
			☐ UL								
			☐ SMNA								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES	Y / N
1. ANY PROTECTIVE DEVICES / SYSTEMS IN USE?	
2. WILL ANY PROPERTY BE EXHIBITED?	
3. WILL ANY SPECIAL RESTRICTIONS / ENDORSEMENTS APPLY?	
4. IS ANY PROPERTY USED PROFESSIONALLY / COMMERCIALLY?	

PROPERTY	EXHIBIT LOCATION	TYPE OF EXHIBITION	TYPE OF SECURITY	DURATION

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AGENCY CUSTOMER ID: _____

ATTACHMENTS

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

SCHEDULE OF PROPERTY

SCHD #	ITEM #	DESCRIPTION	FORMAL APPRAISAL? (Y / N)	VALUATION DATE (Purchase or Appraisal)	AMOUNT OF INSURANCE
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$

BINDER

INSURANCE BINDER	
EFFECTIVE DATE	EXPIRATION DATE
TIME	☐ 12:01 AM
	☐ NOON
☐ COVERAGE IS NOT BOUND	

IF THE "BINDER" BOX TO THE LEFT IS COMPLETED, THE FOLLOWING CONDITIONS APPLY:

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.

APPLICABLE IN ARIZONA: Binders are effective for no more than 90 days. APPLICABLE IN COLORADO: The insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the insurance policy. APPLICABLE IN MARYLAND: The insurer has 45 business days, commencing from the effective date of coverage, to confirm eligibility for coverage under the insurance policy. APPLICABLE IN MICHIGAN: The policy may be cancelled at any time at the request of the insured. APPLICABLE IN MONTANA: No binder shall be valid beyond the issuance of the policy with respect to which it was given or beyond 90 days from its effective date, whichever period is the shorter. If the policy has not been issued, a binder may be extended or renewed beyond such 90 days with the written approval of the insurer. APPLICABLE IN OKLAHOMA: All policies shall expire at 12:01 AM standard time on the expiration date stated in the policy. APPLICABLE IN OREGON: Binders are effective for no more than ninety (90) days. A binder extension or renewal beyond such 90 days would require the written approval by the Director of the Department of Consumer and Business Services.

FRAUD STATEMENTS / SIGNATURE

AGENCY CUSTOMER ID: _____

Applicable in AL, AR, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: 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.

Applicable in DC: 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.

Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA: 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.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicable in NY: Applicable to all claim forms for insurance and all applications for commercial insurance and accident and health insurance: 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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)		STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE		DATE	NATIONAL PRODUCER NUMBER

APPLICABLE ONLY IN MASSACHUSETTS

IMPORTANT NOTICE: NEGATIVE OPTION FEATURE

In accordance with Massachusetts regulations (940 CMR 38.00 – Unfair and Deceptive Fees), we are providing notice that this policy contains a Negative Option Feature (automatic renewal provision).

By signing this application, you acknowledge that your policy will automatically renew unless you take affirmative action to cancel it before the renewal date. Upon renewal, you will be expected to make regular premium payments thereafter.

Future Notices: Prior to each renewal, you will receive a separate, detailed written notice with specific instructions to avoid incurring a financial obligation.

Cancellation Information: You have the right to cancel or non-renew your existing coverage at any time. To cancel, contact your agent, call us at _____ , or visit _____.

Cancelling this policy without securing alternate coverage may result in a lapse of protection, leaving you financially exposed in the event of a loss. Please ensure you have secured alternate coverage if you choose to cancel or non-renew your policy.

_____ _____

Applicant's Signature Date