

Agency:	
Name:	 California License #OH14993
Phone:	 In New York dba Collectibles Services Agency, LLC
Email:	In Michigan dba Collectibles Insurance Agency LLC

COLLECTOR INSURANCE APPLICATION: Completing this application does not constitute an insurance binder. All applications are subject to underwriting review and approval. Incomplete applications will not be considered for coverage.

Name: Mailing Address: City: State: ZIP Code:	PERSONAL INFORMATION					
Phone: Email: Years Collecting: Occupation: Years in Occupation: Is your collection currently insured? No Yes: Policy Number: Company: Has any company refused, canceled or non-renewed insurance on your collectibles? Have you ever been convicted of a felony? Yes" No Have you filed for bankruptcy in the last 5 years? Yes" No Have you filed a homeowner and/or collection claim in the last 5 years? Yes" No Have you filed a homeowner and/or collection claim in the last 5 years? Yes" No Have you filed a homeowner and/or collection claim in the last 5 years? Yes" No Have you filed a homeowner and/or collectible to be insured. But Yes To these questions, provide additional information on page 4. How Did You Hear About Us? Specify the Individual, Appraiser, Association, Auction House, Magazine, Show, Website, etc. POLICY LIMIT AND COVERAGE OPTIONS Enter the Total Value* for Each Type of Collectible to be insured. General Collectibles S Rates vary based on these 3 types of collectibles to be insured. All types of collectibles can be included on this application; however, a separate policy may be issued for each. BURGLARY & THEFT COVERAGE OPTIONS (Select One): Full Burglary & Theft: Coverage Provided Up to the Policy Limit This Option is Automatically included for All Policies that Insure Guns, Knives, Other Weapons & Accessories. Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$60,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance This Option Requires a Safe, Vault, or Central Station Alarm System. OPTIONAL COVERAGE: AUTOMATIC MONTHLY INCREASE (Select Yes or No): Yes, include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles. The automatic increase will be NOT compounded monthly and has a \$1,000,000 maximum limit of insurance.	Name:					
Years Collecting:	Mailing Address:	Ci	ty:		_ State:	ZIP Code:
Is your collection currently insured? No Yes: Policy Number: Company: Has any company refused, canceled or non-renewed insurance on your collectibles? No Have you ever been convicted of a felony? Yes* No Have you filed for bankruptcy in the last 5 years? Yes* No Have you filed for bankruptcy in the last 5 years? Yes* No How Did You Hear About Us? Specify the Individual, Appraiser, Association, Auction House, Magazine, Show, Website, etc. POLICY LIMIT AND COVERAGE OPTIONS Enter the Total Value* for Each Type of Collectible to be Insured: General Collectibles \$ Rates vary based on these 3 types of collectibles to be insured. All types of collectibles can be included on this application; however, a separate policy may be issued for each. BURGLARY & THEFT COVERAGE OPTIONS (Select One): Full Burglary & Theft: Coverage Provided Up to the Policy Limit This Option is Automatically Included for All Policies that Insure Guns, Knives, Other Weapons & Accessories. Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$60,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Yes, Include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles. The automatic increase will be NOT compounded monthly and has a \$1,000,000 maximum limit of insurance.	Phone:	Email:				
Has any company refused, canceled or non-renewed insurance on your collectibles? Have you ever been convicted of a felony? Have you filed for bankruptcy in the last 5 years? Have you filed for bankruptcy in the last 5 years? How Did You Hear About Us? Specify the Individual, Appraiser, Association, Auction House, Magazine, Show, Website, etc. POLICY LIMIT AND COVERAGE OPTIONS Enter the Total Value* for Each Type of Collectible to be Insured: General Collectibles Guns, Knives, Other Weapons & Accessories Stamps & Philatelic Items S BURGLARY & THEFT COVERAGE OPTIONS (Select One): Full Burglary & Theft: Coverage Provided Up to the Policy Limit This Option is Automatically Included for All Policies that Insure Guns, Knives, Other Weapons & Accessories. Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$60,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance Limited Burglary & Theft: Coverage Provided Up to the Policy Limit with a Maximum \$100,000 Limit of Insurance This Option Requires a Safe, Vault, or Central Station Alarm System. OPTIONAL COVERAGE: AUTOMATIC MONTHLY INCREASE (Select Yes or No): Yes, include an automatic monthly increase of 1% in coverage for new acquisitions and appreciation of existing collectibles. The automatic increase will be NOT compounded monthly and has a \$1,000,000 maximum limit of insurance.	Years Collecting: Occupation:	:			Years in Occ	upation:
your collectibles? Yes* No Yes* No No Yes* No No No Yes* No No Yes* No No Yes* No No No Yes* No No Yes* No No No Yes* No No No Yes* No No No No No No No N	Is your collection currently insured?	No 🗌 Yes: Policy Nun	nber:	Co	ompany:	
Have you filed for bankruptcy in the last 5 years?		n-renewed insurance or		☐ No		
Have you filed for bankruptcy in the last 5 years?	Have you ever been convicted of a felony?		☐ Yes*	□ No	*If Yes to the	ese questions, provide
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COL	LECTION INFORMATION					
Desc colle	orage of Collection: ribe where and how your ction is stored or displayed our premises:					
2. Ha	ve you had a single transaction of \$50,	,000 c	or more? Yes No			
If Ye	s, do you keep and can you provide recor	ds of I	arge purchases?			
3. Do	you keep records of purchases?		☐ Yes ☐ No			
4. Do	you have pictures of your collection?		☐ Yes ☐ No			
5. Do	you maintain an inventory or list?		☐ Yes ☐ No			
	for Question 4 and 5, would you prove a loss?					
	re any of the collectibles stored in a bas , a Stillage Endorsement will be added to t		nt or other areas below ground floor? olicy requiring all items be stored 6" off the	floor.	☐ Yes	□No
	re any of the collectibles stored outdoo , provide additional information on page	_	posed to the elements?		☐ Yes*	□No
	re any of the collectibles kept in a publi , coverage is available at the storage facil				☐ Yes	□No
	pes your collection contain any individu , schedule items on page 4.	ual ite	ems or a series/set worth \$25,000 or mo	re?	☐ Yes*	□No
10. E	stimate Percentage of Collectible by Ca	atego	ry:			
%	Advertising Collectibles	%	Fine Art	%	Political Memorabilia	
%	Antique Radios/Phonographs	%	Furniture	%	Records & CDs	
%	Antique Tools	%	Glass/Pottery	%	Sports Cards & Memorab	ilia
%	Art (comic, animation, prints, lithographs)	%	Guns, Knives, Other Weapons & Accessorie	s %	Stamps & Philatelic Items	ŝ
%	Bears/Steiff Collections	%	Hunting/Fishing	%	Toys/Action Figures	
%	Books & Manuscripts	%	Limited Edition Items	%	Trains, Including Layouts	i
%	Club/Organization Memorabilia	%	Militaria	%	Vintage Clothing	
%	Coin Operated Devices	%	Movie Props	%	Vintage Sewing & Textile	:S
%	Coins (except gold & platinum*)	%	Musical Instruments	%	Western Americana	
%	Comics	%	Native American, Including Arrowheads	%	Writing Instruments	
%	Dolls	%	Paper/Ephemera	%	Zippo Lighters	
%	Entertainment Memorabilia	%	Petroliana	%	Other (describe below)	
Othe	r:					
	plete the Gold & Platinum Coin Application	on	cy upon request for an additional premiur			

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PREMISES LOCATION(S): Where collection is actually stored, physical address required, no P.O. Boxes.

1. PRIMARY PREMISES LOCATION: Coverage available in the United States.						
Address:						
City:	State: Z	P Code:				
2. Type of Structure: Single Family Condo Apartment	3. Type of Construction:	Frame Masonry				
Office Bank Public Storage Other:	Steel Other:					
4. Year Built: If built prior to 1950, date last updated for electrical, heating, plumbing and ro	of:					
5. Safe and/or Vault Storage of Collectibles: Any collectibles stored in an immobile safe weighing at least 300lbs en Any collectibles stored in a vault with 3-inch walls, no windows and many construction of Vault: Type of lock for safe and/or vault: Who has access to the safe and/or vault? 7. Do you have a secondary premises location? Yes (complete section)	etal door?	Central Station Alarm System Smoke Alarm(s) Deadbolts Bars Other:				
8. SECONDARY PREMISES LOCATION: Coverage available in the United S Address:	States.					
City:	State: Z	P Code:				
9. Type of Structure: Single Family Condo Apartment Office Bank Public Storage Other: If built prior to 1950, date last updated for electrical, heating, plumbing and ro						
12. Safe and/or Vault Storage of Collectibles:		13. Other Securities:				
Any collectibles stored in an immobile safe weighing at least 300lbs en Any collectibles stored in a vault with 3-inch walls, no windows and m Construction of Vault: Type of lock for safe and/or vault:	etal door?	Central Station Alarm System Smoke Alarm(s) Deadbolts Bars Other:				
Who has access to the safe and/or vault?						

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Description		Estimated Replacement Value
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$
PRIOR CLAIM	I HISTORY: Provide additional information for any homeowners or collection claims	s filed in the last 5 years.
Date of Loss	Type & Description of Loss	Amount of Loss
		\$
		\$
		\$
ADDITIONAL	INFORMATION:	

SCHEDULED ITEMS: Complete the section below or attach a schedule of items with this application.

- The total Estimated Replacement Value must be equal to or less than the Total Value of Collection listed on page 1.

- List all individual items or a series/set worth \$25,000 ore more.

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PAY BY CREDIT CARD: Visa, MasterCard, American Express or Discover/Novus

Call 888-837-9537 (Press 1 to Make a Payment)

PAY BY CHECK OR MONEY ORDER:

Payable To: Collectibles Insurance Services, LLC

Mail to: Collectibles Insurance Services, LLC

PO Box 784307

Philadelphia, PA 19178-4307

Do you agree to the Four (4) Warranties and Fraud Statement below?	☐ Yes ☐ No
Signature:	Date:

WARRANTIES:

- 1. Replacement Value: I understand that Replacement Value means the cost to replace the item(s) with similar collectibles of similar quality or if not replaceable, then the appraised valuation by a competent authority or the purchase price.
- 2. Dealer Stock: I understand that coverage is for a personal collection as listed on application. Collectible property held for sale or trade & property acquired for resale are not covered. I understand that if a loss occurs to the collectibles that are part of a dealer stock, insurance provided based on this application does not cover such loss. Dealer coverage is available; contact our office for additional information.
- 3. Application: I understand that completing this application does not constitute an insurance binder & that all applications are pending underwriting review & approval. If a policy is issued, it is based on the information contained in this application, including the type of collectibles to be insured.
- **4. Records:** I understand that although Collectibles Insurance Services does not require an inventory at time of application, I will need to prove ownership at time of loss by keeping records of my collections such as an inventory, receipts, pictures, and video.

FRAUD STATEMENT: Applicable in all jurisdictions, except for separate jurisdiction statements below.

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.

Applicable in AL, AR, DC, 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 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 settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the Department of Regulatory agencies.

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, broker or any agent thereof, any written 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 insures, 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 thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, 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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. * Applies to NY Only.

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, or a 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 states law.

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