ACORD™ PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

PRODUCER
PHONE (A/C, No, Ext):
FAX (A/C, No):
CODE: SUBCODE:
AGENCY CUSTOMER ID

APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)

NAIC CODE

TELEPHONE NUMBER

CO/PLAN

POL#:

ACCT#:

EFFECTIVE DATE | EXPIRATION DATE | ☐ DIRECT BILL ☐ AGENCY BILL | PAYMENT PLAN

APPLICANT & LOCATION INFORMATION

AGE	MARITAL STATUS	OCCUPATION	SPOUSE'S OCCUPATION	TERR CODE	PROTECT CLASS	FIRE DISTRICT/CODE NUMBER

LOCATION OF PROPERTY (If Different From Above) ☐ ADDITIONAL LOCATION

DWELLING TYPE(S) | CONSTRUCTION TYPE(S) | # FAMILIES (In Each)

OTHER

COVERAGES

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				

☐ UNATTENDED CAR COVERAGE (Stamps/Coins) ☐ SAFE CREDIT (Identify Property, Safe Class, Etc) ☐ BREAKAGE COVERAGE (*On Schedule) TOTAL: $

☐ BROAD FORM PAIR & SET COVERAGE ☐ ACV LOSS SETTLEMENT ☐ BLANKET COVERAGE

☐ NON-MOBILE ORGAN COVERAGE ☐ REPLACEMENT COST LOSS SETTLEMENT

ADDITIONAL RATING INFORMATION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?		
2. WILL ANY PROPERTY BE EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?					
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?			PRIOR INSURER & POLICY NUMBER		
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALLY?					
6. ANY OTHER INSURANCE WITH THIS COMPANY?					

REMARKS

SCHEDULE OF PROPERTY

#	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, USE THE SCHEDULE ON THE REVERSE SIDE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS.	ACORD APPRAISAL YES	ACORD APPRAISAL NO	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

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SCHEDULE OF PROPERTY (Continued)

#	DESCRIPTION	ACORD APPRAISAL YES	ACORD APPRAISAL NO	PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE

FOR COMPANY USE ONLY

ATTACHMENTS

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

BINDER/SIGNATURE

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.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

☐ Copy of the notice of information practices (privacy) has been given to the applicant. (Not applicable in all states)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; In DC, LA, ME, and VA, insurance benefits may also be denied.)

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

APPLICANT'S SIGNATURE		DATE	PRODUCER'S SIGNATURE	