



INSURANCE SERVICES

DEALER INSURANCE APPLICATION

P.O. Box 1146, Bala Cynwyd, PA 19004

P 888-837-9537 F 410-876-9233

info@collectinsure.com www.collectinsure.com

California License #OH14993

Florida Non-Resident Agent's License: Christopher B. McGovern, # E043040

Completing this application does not constitute an insurance binder. All applications are subject to underwriting review & approval.

*****INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR COVERAGE*****

BUSINESS INFORMATION

Full Name of Principal (s): _____

Business Name: _____ Years in business: _____

Mailing Address: _____
Street City State Zip

Work #: _____ Home #: _____

Mobile #: _____ Fax #: _____

Website: _____ Email: _____

Current policy # (if applicable): _____

Please describe (major shows you attend, memberships in collectible organizations, and writings in collectible publications):

If you are applying for 500,000 or more of insurance, please provide **three references** – Preferably persons/businesses who have supplied you with stock over time, or who know your collectible dealer business practices. Please include all information requested.

Name & Company	City/State	Phone	Email

Felony: Have you ever been convicted of a felony? ☐ Yes ☐ No - **If yes, please provide details under ADDITIONAL COMMENTS**

Coverage Refused, Canceled or Non-renewed:

Has any company canceled or refused to renew insurance on your collectibles stock? ☐ Yes ☐ No - If yes, please provide details under ADDITIONAL COMMENTS

Bankruptcy: Have you filed for bankruptcy in the last 5 years? ☐ Yes ☐ No - If yes, please provide details under ADDITIONAL COMMENTS

Do you have **existing insurance** on your collectibles stock? ☐ Yes ☐ No - Carrier: _____

CLAIMS HISTORY

Prior claims history for past 5 years (include general business claims, claims to your inventory and shipping claims) ☐ No claims in past 5 years

Date of loss(es)	Type & Description of loss(es)	Amount of loss(es)

WHERE DO YOU SELL STOCK IN % OF SALES

Antique Mall		eBay		Store	
Auctions		Fairs/Shows		Wholesale	
Broker		Internet		Other:	
Business Office		Mail Order		Other:	

INVENTORY INFORMATION

Type of collectibles sold – estimated % of stock

Advertising Collectibles		Ethnic Heritage Memorabilia		Photographs/Cameras	
Animation Art/Prints/Lithographs		Guns, Knives & Edged Weapons		Political Memorabilia	
Autographs/Manuscripts		Juke Boxes/Penny Arcade/ Slots/Coin Op		Postcards	
Badges/Patches		Lamps		Posters	
Books		Limited Edition Collectibles		Records/Phonographs	
Bottles/Glass/Crystal		Maps & Globes		Sports Memorabilia/Cards	
Ceramics/China/Pottery		Militaria		Stamps/Postal History	
Clocks		Mineral Specimens		Toys	
Clothing Textiles		Movie/TV Memorabilia		Trade Cards	
Comics/Comic Art		Musical Instruments		Trains	
Currency		Native American		Writing Instruments	
Dolls & Teddy Bears		Ornaments		Other:	
Diecast		Paper Collectibles		Other:	

How do you **acquire the majority of your stock**?

☐ auction ☐ consignment ☐ shows ☐ dealers
☐ other - If other, please provide details under ADDITIONAL COMMENTS

How do you **pay for the majority of purchases**?

☐ check ☐ cash ☐ credit ☐ trade ☐ other: _____

Have you had a **single transaction of \$50,000** or more? ☐ Yes

☐ No - If yes, do you keep and can you provide records of large purchases? ☐ Yes ☐ No

Do you keep **records of purchases**? ☐ Yes ☐ No

Do you keep **records of sales**? ☐ Yes ☐ No

Please describe type of records: _____

Who keeps the records of purchases & sales? _____

Do you **maintain an inventory**? ☐ Yes ☐ No

If you do NOT maintain an inventory, how would you **prove a loss**? _____

Do you have **pictures** of your inventory? ☐ Yes ☐ No

Storage of inventory - Please describe where within premises & how your inventory is stored/displayed: _____

Are any of the collectibles stored in a **basement or other area below ground floor**? ☐ Yes ☐ No – If yes, a **Stillage Endorsement** will be added to the policy requiring all items be stored 6" off the floor.

Are any **collectibles stored outdoors exposed to the elements**? ☐ Yes ☐ No – If yes, please provide details under ADDITIONAL COMMENTS

PREMISES LOCATION(S)

Where inventory is actually stored. Physical address required. No P.O. Boxes. Coverage available in the United States.

PRIMARY PREMISES ADDRESS:

Street City State Zip

Value of stock at location: _____ Number of years at location: _____

Type of location: ☐ store ☐ office building ☐ residence ☐ storage facility ☐ Other: _____

Do you own or lease the premises? ☐ Own ☐ Lease Do you occupy the whole building? ☐ Yes ☐ No

Do you or other principal (s) occupy the premises during the business day? ☐ Yes ☐ No

How many employees occupy your premises during the average business day? _____

Who has keys to your premises? _____

Primary use of building? _____

Describe the neighborhood: _____

List and describe businesses that occupy same building &/or directly adjacent to your premises: _____

Type of construction? ☐ frame ☐ masonry ☐ Other: _____

Year built? _____ If built prior to 1950 complete update information below:

Date plumbing last updated: _____ Date electrical last updated: _____

Date heating last updated: _____ Date roof last updated & type: _____

Is this location within 2 miles of a major body of water? ☐ Yes ☐ No - If yes, a **Stillage Endorsement** will be added to the policy requiring all items be stored 6" off the floor. Describe body of water: _____

Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No Safe Requirements – 300 lbs empty, no wheels and a combination or digital lock	Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No Vault Requirements – Metal door, 3 inch walls and no windows
Does safe weigh 300lbs empty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction of vault & vault door:
Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital	Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital
Who has access to safe?	Who has access to vault?
Who has key/combination to safe?	Who has key/combination to vault?
Is the building protected by a central station alarm system? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECONDARY PREMISES ADDRESS:

☐ I do not have a secondary location

Street City State Zip

Value of stock at location: _____ Number of years at location: _____

Type of location: ☐ store ☐ office building ☐ residence ☐ storage facility ☐ Other: _____

Do you own or lease the premises? ☐ Own ☐ Lease Do you occupy the whole building? ☐ Yes ☐ No

Do you or other principal (s) occupy the premises during the business day? ☐ Yes ☐ No

How many employees occupy your premises during the average business day? _____

Who has keys to your premises? _____

Primary use of building? _____

Describe the neighborhood: _____

List and describe businesses that occupy same building &/or directly adjacent to your premises: _____

Type of construction? ☐ frame ☐ masonry ☐ Other: _____

(Secondary Premises Continued)

Year built? _____ If built prior to 1950 complete update information below:

Date plumbing last updated: _____ Date electrical last updated: _____

Date heating last updated: _____ Date roof last updated & type: _____

Is this location within 2 miles of a major body of water? ☐ Yes ☐ No - If yes, a **Stillage Endorsement** will be added to the policy requiring all items be stored 6" off the floor. Describe body of water: _____

Safe: <input type="checkbox"/> Yes <input type="checkbox"/> No Safe Requirements – 300 lbs empty, no wheels and a combination or digital lock	Vault: <input type="checkbox"/> Yes <input type="checkbox"/> No Vault Requirements – Metal door, 3 inch walls and no windows
Does safe weigh 300lbs empty? <input type="checkbox"/> Yes <input type="checkbox"/> No	Construction of vault & vault door:
Wheels? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital	Type of lock? <input type="checkbox"/> Combination <input type="checkbox"/> Key <input type="checkbox"/> Digital
Who has access to safe?	Who has access to vault?
Who has key/combination to safe?	Who has key/combination to vault?
Is the building protected by a central station alarm system ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ADDITIONAL COMMENTS

POLICY LIMIT AND PREMIUM

Rates vary based on type of inventory – 1) General 2) Stamps 3) Books 4) Guns, Knives & Edged Weapons. All types can be included on the same application however a separate policy may be issued for each. Please complete the worksheet below for each type of inventory.

	Location 1	Location 2	Location 3	Location 4
Value of General Collectibles to be insured: (Other than Stamps, Books, or Guns, Knives & Edged Weapons)				
Value of Stamps to be insured:				
Value of Books to be insured: (Comic books are General Collectibles)				
Value of Guns, Knives & Edged Weapons to be insured:				
Total at each location:				
Total Amount of Coverage:		Premium + Policy Fee :		

COVERAGE OPTIONS

SHIPMENTS - The policy includes coverage for signature required shipments by common carrier such as FedEx and UPS. For an additional premium you can add coverage for shipments via United States Postal Service. All shipping coverage is subject to policy sublimit (s). **(NOTE: Book Dealer Policy automatically includes coverage for United States Postal Service)**

- ☐ Add United States Postal Service
☐ No United States Postal Service

TRANSIT - The policy provides a basic (LIMITED) amount of coverage for inventory in transit. For an additional premium you can increase the transit coverage (FULL). Coverage is subject to policy sublimit (s).

- ☐ Limited Transit (10% of policy limit) **OR**
☐ Full Transit (Equal to policy limit)

COINS/BULLION/JEWELRY COVERAGE - The policy *does not* cover Coins/Bullion/Jewelry. For an additional premium, you can apply for Coins/Bullion/Jewelry up to \$10,000 maximum or policy limit whichever is less. **(Call or visit our website to obtain application)**

ANTIQUE FURNITURE & FINE ART - The policy *does not* cover Antique Furniture & Fine Art. For an additional premium of \$5.00 per thousand, you can add Antique Furniture & Fine Art up to \$10,000 maximum.

- ☐ Add Antique Furniture
Value of Antique Furniture: _____ (\$10,000 maximum)
☐ Add Fine Art
Value of Fine Art: _____ (\$10,000 maximum)

PAYMENT INFORMATION

PAY BY CREDIT CARD: Visa, MasterCard, American Express or Discover/Novus
Call 888-837-9537 (Press 1 to Make a Payment)

Mail to: Collectibles Insurance Services, LLC
Lockbox #4307
P.O. Box 8500
Philadelphia, PA 19178-4307

PAY BY CHECK OR MONEY ORDER PAYABLE TO: Collectibles Insurance Services, LLC

How did you hear of us? _____
(Please specify which magazine, show, website)

Signature: _____ Date: _____

Do you agree to the Fraud Statement & two warranties below?

☐ Yes ☐ No

- 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 stock to be insured.
- 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 inventory such as an inventory, receipts, pictures, 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.

FRAUD STATEMENT TO ARKANSAS APPLICANTS

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.

FRAUD STATEMENT TO COLORADO APPLICANTS

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.

FRAUD STATEMENT TO DISTRICT OF COLUMBIA APPLICANTS

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.

FRAUD STATEMENT TO FLORIDA APPLICANTS

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.

FRAUD STATEMENT TO HAWAII APPLICANTS

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.

FRAUD STATEMENT TO IDAHO APPLICANTS

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.

FRAUD STATEMENT TO KANSAS APPLICANTS

Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written statement as part of, or in support of, an application for insurance or the rating of an insurance policy or a claim for payment or other benefit under an insurance policy, if such person knows the written statement contains materially false information concerning any material fact; or conceals, for the purpose of misleading, information concerning any material fact.

FRAUD STATEMENT TO KENTUCKY APPLICANTS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD STATEMENT TO LOUISIANA APPLICANTS

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.

FRAUD STATEMENT TO MAINE APPLICANTS

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.

FRAUD STATEMENT TO MARYLAND APPLICANTS

Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who 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.

FRAUD STATEMENT TO MINNESOTA APPLICANTS

Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

FRAUD STATEMENT TO NEW HAMPSHIRE APPLICANTS

Any person who, with 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.

FRAUD STATEMENT TO NEW JERSEY APPLICANTS

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

FRAUD STATEMENT TO NEW MEXICO APPLICANTS

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.

FRAUD STATEMENT TO NEW YORK APPLICANTS

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.

FRAUD STATEMENT TO OHIO APPLICANTS

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.

FRAUD STATEMENT TO OKLAHOMA APPLICANTS

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.

FRAUD STATEMENT TO OREGON APPLICANTS

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.

In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

FRAUD STATEMENT TO PENNSYLVANIA APPLICANTS

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.

FRAUD STATEMENT TO TENNESSEE APPLICANTS

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.

FRAUD STATEMENT TO VIRGINIA APPLICANTS

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.

FRAUD STATEMENT TO WASHINGTON APPLICANTS

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.

To: Insurance Commissioner

State of _____ *(State insured is located in)*

Insured Name: _____

Coverage Provided: _____

I _____ of _____
(Producer/Agent) *(Agency Name)*

hereby certify that I have made diligent effort to place this insurance with companies admitted to write business in the state of _____ for this class. I am unable to place the full amount or kind of insurance with companies admitted to transact and who are actually writing the particular kind and class of insurance in this state. I am therefore placing this insurance in the **SURPLUS LINES MARKET**.

The Insured was expressly advised prior to placement of this insurance in the **SURPLUS LINES** market that:

- A. The Surplus Lines insurer with whom the insurance was placed is not licensed in this state and is not subject to its supervision.
- B. In the event of the insolvency of the **SURPLUS LINES** insurer, losses will not be paid by the **STATE INSURANCE GUARANTY FUND**.

Signature of Producing Agent: _____

Date: _____