

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 on pg 4

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? Please provide details on pg 4 _____

Do you have pictures of your inventory? Yes No

Storage of inventory: Please describe where within premise & 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 on pg 4

PREMISE LOCATION (S) - Where inventory is actually stored. Physical address required. No PO Boxes. Coverage available within continental United States & Hawaii.

PRIMARY PREMISE 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: Yes No

Does safe weigh 300lbs empty? Yes No

Wheels? Yes No

Type of lock? Combination Key Digital

Who has access to safe? _____

Who has key/combo to safe? _____

Safe Requirements - 300 lbs empty, no wheels and a combination or digital lock.

Vault: Yes No

Construction of vault & vault door: _____

Type of lock? Combination Key Digital

Who has access to vault? _____

Who has key/combo to vault? _____

Vault Requirements - Metal door, 3 inch walls and no windows

Is the building protected by a central station alarm system? Yes No

SECONDARY PREMISE ADDRESS: _____
Street City State Zip

I do not have a secondary location

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? _____

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 :			

PLEASE SELECT THE FOLLOWING 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)

How did you hear of us? _____ <div style="text-align: right; font-size: small;"><i>(Please specify which magazine, show, website)</i></div>
Signature: _____ Date: _____

Continue onto Payment Information, Application Warranties and Fraud Statement

Make a check or money order payable to the: Collectibles Insurance Services, LLC.

To pay by credit card, fill out the information below. **Your credit card will be charged at time of policy issuance.**

PAY BY CREDIT CARD - Visa, MasterCard, American Express or Discover/Novus	
Card Number:	Credit Card Verification number:
Expiration (mm/yy):	Signature

Note: Credit card numbers are not kept or stored in our system. Once the payment has been charged, all credit card numbers are destroyed.

Do you agree to the Fraud Statement & two warranties below? <input type="checkbox"/> Yes <input type="checkbox"/> No
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- 1. 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.
- 2. 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.