

Personal Inland Marine Application

Quote #:			Premium quoted:		
Company: <input type="checkbox"/> Scottsdale Insurance Co. <input type="checkbox"/> AXA <input type="checkbox"/> Other:					
<input type="checkbox"/> New business		<input type="checkbox"/> Renewal/Rewrite of:			
Applicant's name:			Agent name:		
Mailing address:			Address:		
City:	State:	Zip:	City:	State:	Zip:
Permanent Address:			Agent code:		
City:	State:	Zip:	Proposed Effective Date:	From:	To:
<input type="checkbox"/> Private Dwelling <input type="checkbox"/> Apartment <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile Home		12:01 am. Standard time at the address of the applicant			
<input type="checkbox"/> Other		Protection class at permanent address:			
Year/Months lived at permanent address:			Applicant travels extensively: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Occupation of all members of household (describe in detail):			DOB:		Please attach medical statement if over 75
			SSN:		
			<input type="checkbox"/> Married <input type="checkbox"/> Unmarried		
# of years at present occupation:			Deductible		

Coverages									
#	Property	Amt. Of Ins.	Rate	Premium	#	Property	Amt. Of Ins.	Rate	Premium
1	Jewelry				7	Silverware			
2	Jewelry in vault				8	Stamps			
3	Furs				9	Coins			
4	Fine arts				10	Golf Equipment			
5	Cameras				11				
6	Musical Instruments				12				
Additional rating information:								Total	\$

General Information							
#	Explain all "yes" responses in "remarks"	Y	N	#	Explain all "yes" responses in "remarks"	Y	N
1	Any burglar alarms: Local <input type="checkbox"/> Central <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	Is any property used professionally/commercially	<input type="checkbox"/>	<input type="checkbox"/>
2	Any safes: Yes <input type="checkbox"/> No <input type="checkbox"/> Type and location.	<input type="checkbox"/>	<input type="checkbox"/>	7	Are articles stored when not worn? Where?	<input type="checkbox"/>	<input type="checkbox"/>
3	If condo or apartment, security in area	<input type="checkbox"/>	<input type="checkbox"/>	8	Any other insurance with this company	<input type="checkbox"/>	<input type="checkbox"/>
4	Is property located within 1 mile of coast?	<input type="checkbox"/>	<input type="checkbox"/>	9	Did any loss occur during the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
5	Will any property be exhibited:	<input type="checkbox"/>	<input type="checkbox"/>	10	Any coverage declined/cancelled/nonrenewed? <small>(Last 3 years. Not applicable to Missouri Applicants.)</small>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks:

Prior carrier for scheduled items:

Name of insurance company writing homeowners/renters policy:

Dwelling Limit: _____ Contents Limit: _____

Schedule of Property		
#	Provide a detailed description of each item. (For additional space, please use a separate sheet. Attach all required appraisals/bills. For jewelry over \$25,000, please attach certified independent appraiser's report.)	Insurance Amount
1		
2		
3		
4		
5		
6		
7		

Questions to be answered by Producer:	
Do you know the applicant personally: Yes <input type="checkbox"/> No <input type="checkbox"/>	If so, for how long:
Do you handle other insurance for the applicant: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you recommend the applicant: Yes <input type="checkbox"/> No <input type="checkbox"/>	
<p>APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 violation.</p> <p>FRAUD WARNING: 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.</p> <p>APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and all these statements are offered as an inducement to the company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)</p>	
Applicant's Signature:	Date:
Producer's Signature:	Date:
<p>IMPORTANT NOTICE</p> <p>As a part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.</p>	