

Applicant:	Broker:	Effective Date:
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Please indicate the total amount of coverage required by category:

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Req.
1	Jewelry:		4	Musical Instruments	\$	10	Fine Arts	
	Men's	\$		Private Use	\$		Limited Breakage	\$
	Women's	\$		Professional Use	\$		Full Breakage	\$
	In-Vault	\$	5	Silverware	\$	11	Guns/Firearms	\$
2	Furs	\$	6	Golfer's Equipment	\$	12	Bicycles	\$
3	Cameras		7	Golf Carts	\$	13	Miscellaneous	\$
	Private Use	\$	8	Stamps	\$			
	Professional Use	\$	9	Rare Coins	\$			

Additional Rating Information:

	Y	N		Y	N
Is there a safe in the residence? Specify Below: Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Under floor <input type="checkbox"/> Other <input type="checkbox"/> :	<input type="checkbox"/>	<input type="checkbox"/>	Are the items kept away from the listed premises?	<input type="checkbox"/>	<input type="checkbox"/>
			Are scheduled items not worn by a household member? If not, by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Is property protected by any other means? Description	<input type="checkbox"/>	<input type="checkbox"/>	Any articles at student's dorm/apartment? Value \$	<input type="checkbox"/>	<input type="checkbox"/>
Is dwelling used professionally/commercially in anyway?	<input type="checkbox"/>	<input type="checkbox"/>	Any items loaned to museums or on exhibit?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling/Unit within Downtown City Limits?	<input type="checkbox"/>	<input type="checkbox"/>	Any jewelry with unset, damaged stones?	<input type="checkbox"/>	<input type="checkbox"/>
Is any professional equipment stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>	Any in-vault items removed from the vault? # times	<input type="checkbox"/>	<input type="checkbox"/>
Any paid/non-paid caretakers/housekeepers?	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household :		
Travel for more than 30 days at a time? With any items?	<input type="checkbox"/>	<input type="checkbox"/>	- Been convicted of arson, dishonesty, theft?	<input type="checkbox"/>	<input type="checkbox"/>
			- Scheduled coverage cancelled or denied?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain all "Yes" responses here:

Three Year Loss History – Must be filled out completely

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$
			\$