Personal Fine Art and Jewelry Application Form

Today's Date: _____ **Requested Effective Date:** _____

Producer:	Unique Insurance Service, Inc. dba Agency Service Bureau
Producer Street Address:	737 Southpoint Blvd, Ste F, Petaluma, CA 94954
Producer Telephone:	800-232-3622
Producer Email:	vickie@asbagent.com

Applicant Information

Applicant	**Co-Applicant**
Name:	Name:
Address: City: State: ZIP:	Address: City: State: ZIP:
Occupation – state nature of business if self-employed:	Occupation – state nature of business if self-employed:
Years with current employer:	Years with current employer:
Years with prior employer:	Years with prior employer:
Marital status:	Marital status:
Date of birth:	Date of birth:

Location Information

Location 1 # of years at loc:	Location 2
Address if different from above: City: State: ZIP:	Address: City: State: ZIP:

Location Information Continued: Attach additional location info. on separate sheet

	Location 1	Location 2
Construction type (frame, masonry, etc.)		
Year built – if home is older than 20 yrs. provide update info.		
Square ft.		
Usage (primary, secondary, etc.)		
Number of stories		
Number of families		
Protection class		
Distance to fire hydrant		
Distance to fire station		
Fire protective devices (C/S, direct, local)		
Burglar protective devices (C/S, direct, local)		
Other protective devices		
Occupied daily? Yes/No		
Built-in safe? Yes/No		
Domestic employees? If yes, advise duties, age, length of service		
Is location within 250ft. of a designated brush area? Yes/No		
Is location within 2.5 miles of coastal waters? Yes/No		
If yes to above question:		
All exterior openings have impact glass/storm shutters? Yes/No		
Proximity to water		
Property elevation		
Roof type		
Foundation type		

Travel Information

	Domestic	Overseas
# of trips per year		
# of days of longest trip		

Loss History

Date	Type of loss	Cause of loss	Amount of loss

Requested Coverages

Scheduled		Blanket/Unscheduled	
Class	**Amount**	**Class**	**Amount**
Jewelry in Bank Vault		Jewelry in Bank Vault	
Jewelry Out of Vault		Jewelry Out of Vault	
Furs		Furs	
Fine Art		Fine Art	
Cameras		Cameras	
Musical Instruments		Musical Instruments	
Silverware		Silverware	
Misc. Collectibles Type: _____		Misc. Collectibles Type: _____	
Coins		Coins	
Handbags		Handbags	
Wine/Liquor		Wine/Liquor	

Requested Deductibles: _____AOP _____EQ _____Wind/Hurricane

General Information

	Yes	No
Is the property retrofitted for EQ?	☐	☐
Will any property be exhibited?	☐	☐
Is any property used commercially?	☐	☐
Is any business conducted on the premises?	☐	☐
Has any applicant been convicted of a crime in the past 10 years? If yes, explain in remarks section below.	☐	☐
Any coverage declined, cancelled or non-renewed for adverse underwriting in the past 3 years? (N/A in CA & MO) If yes, explain in remarks section below.	☐	☐
Any foreclosure, repossession or bankruptcy in the past 5 years?	☐	☐
RENTERS AND CONDOS ONLY:		
Is a manager on premises?	☐	☐
Is a security attendant on duty?	☐	☐
Is the building entrance locked?	☐	☐

Current personal inland marine carrier Amount of coverage Expiration date

_____

Remarks:

Notice of Insurance Information Practice:

Personal information about you may be collected from persons other than you. 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 file 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.

Notice to applicants:

This application does not bind the applicant nor the Company but is agreed that this form shall be the basis of the contract of a policy issued. The applicant represents that if the information supplied on this application changes between the date of this application and the time when the policy is issued, the applicant will immediately notify the Company of such changes.

The acceptance of the policy by me (the applicant) is acknowledgment and ratification of any modifications made in the application, and that no change in the current values and limit of liability specified on the inventory schedule(s) and the total limit of liability in the aggregate over all locations will be made unless agreed to in writing by the Company.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

I, the applicant, declare the answers in this application are, to the best of my knowledge and belief, true and complete. I agree that the Company is not bound by any statements made by or to any agent unless such statements are written in this application and accepted by the Company.

Applicant signature Date

Co-applicant signature Date

Producer signature Date