



Email Applications to: imarquez@bridgespecialty.com

PERSONAL COLLECTIONS APPLICATION

NAME OF APPLICANT:		Date:	
Inspection Contact Name:		Phone:	
Address:			
City:	State:	Zip Code:	
Email Address:			
Covered Location(s):			
Company And Occupation:			
Date Of Birth:			
Marital Status:			

Limits Of Insurance

Class	Scheduled Limit	Blanket Limit/ Per Item Maximum
335 Fine Art and Antiques	\$	\$
071 Jewelry Bank Vault	\$	\$
071 Jewelry Residence	\$	\$
515 Coins	\$	\$
513 Stamps	\$	\$
199B Books	\$	\$
142 Antique Firearms	\$	\$
199A Wine	\$	\$
199 Silverware Collectibles	\$	\$
199 Furs/Couture Collectibles	\$	\$
199 Musical Instrument	\$	\$
199 Memorabilia	\$	\$
199 All Other Collectibles (please describe): _____	\$	\$

Inventory

Collection Documentation: Collection documentation must be submitted with this application.

- Have you included invoices or a copy of the most recent appraisal(s), showing the date and appraiser's qualifications? Yes No
- Are special instructions given to third parties regarding the care and handling of the collection? Yes No

3. Is the condition of objects in storage inspected on a regular basis? Yes No
4. When an item is received via transit, is the item immediately inspected? Yes No
5. Are any objects displayed outside? Yes No

Location 1

1. **Construction**

- Fire Resistive Non-Combustible Frame

Year Built: _____

2. **Building Improvements**

a. Provide the:

Wiring (year): _____

Roofing (year): _____

Plumbing (year): _____

Heating (year): _____

- b. Is covered property stored in a basement? Yes No
- c. Is there a history of water back-up from a drain and/or sewer? Yes No

3. **Fire Protection**

- a. Is the building protected by a fire and/or smoke detection/alarm system? Yes No
- b. Does the applicant's alarm system ring into a central station? Yes No
- c. Is there an automatic sprinkler system on premises? Yes No

4. **Premises Security**

- a. Type of structure: Single family home Co-op Condominium Gated Community
- b. Is there a third party employed who has keys to the exterior doors? Yes No
- c. Does the applicant have an electronic security alarm system in operation throughout the building? Yes No
- d. Does the applicant's electronic alarm system ring into a central station? Yes No

5. **Safe/Vaults (Jewelry Coverage)**

- a. Does the applicant have a U.L. rated safe? Yes No
If yes, what is the U.L. rating? _____
- b. Who has access to the safe? _____
- c. Does the applicant keep the jewelry to be covered in the safe at all times when not being worn? Yes No
- d. Does the applicant regularly have jewelry checked by a jeweler to ensure all mountings are in good repair? Yes No

Location 2

1. **Construction**

- Fire Resistive Non-Combustible Frame

Year Built: _____

2. **Building Improvements**

a. Provide the:

Wiring (year): _____

Roofing (year): _____

Plumbing (year): _____

Heating (year): _____

- b. Is covered property stored in a basement? Yes No
- c. Is there a history of water back-up from a drain and/or sewer? Yes No

3. **Fire Protection**

- a. Is the building protected by a fire and/or smoke detection/alarm system? Yes No
- b. Does the applicant's alarm system ring into a central station? Yes No

c. Is there an automatic sprinkler system on premises? Yes No

4. Premises Security

- a. Type of structure: Single family home Co-op Condominium Gated Community
- b. Is there a third party employed who has keys to the exterior doors? Yes No
- c. Does the applicant have an electronic security alarm system in operation throughout the building? Yes No
- d. Does the applicant's electronic alarm system ring into a central station? Yes No

5. Safe/Vaults (Jewelry Coverage)

- a. Does the applicant have a U.L. rated safe? Yes No
If yes, what is the U.L. rating? _____
- b. Who has access to the safe? _____
- c. Does the applicant keep the jewelry to be covered in the safe at all times when not being worn? Yes No
- d. Does the applicant regularly have jewelry checked by a jeweler to ensure all mountings are in good repair? Yes No

Insurance History

1. Name of current insurance carrier: _____
2. Have you had any losses in the last 5 years? Yes No

Loss History (Last 5 Years)

Description of Loss	Amount of Loss	Date of Loss
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	

Fair Credit Report Act Notice:

Personal information about you, including information from a credit or other investigative report, may be collected from persons other than you in connection with this application for insurance and subsequent amendments and renewals. 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 without your authorization. Credit scoring information may be used to help determine either your eligibility for insurance or the premium you will be charged. We may use a third party in connection with the development of your score. You may have the right to review your personal information in our files and request correction of any inaccuracies. You may also have the right to request in writing that we consider extraordinary life circumstances in connection with the development of your credit score. These rights may be limited in some states. Please contact your agent or broker to learn how these rights may apply in your state or for instructions on how to submit a request to us for a more detailed description of your rights and our practices regarding personal information.

Fraud Warnings

Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or 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. *Applies in MD only.

Applicable in CO: 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 a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: 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)*. *Applies in FL only.

Applicable in KS: 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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA: 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY only.

Applicable in ME, TN, VA and WA: 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 and denial of insurance benefits. *Applies in ME only.

Applicable in MN: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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

Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

Applicable in all other states: 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.

Representation Statement

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

Name of applicant _____

Title _____

Signature of applicant _____

Date _____

(Florida only) Agent license number: _____