

## PERSONAL COLLECTOR INSURANCE APPLICATION

Welcome to Bluewater! Please complete and sign the application, which will provide our team proper underwriting information related to you and your prized collection.

### COLLECTOR INFORMATION

PROPOSED EFFECTIVE DATE:
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First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
Main Number:		
Email Address:		

Covered Location(s): <input type="checkbox"/> Check here if same as address above
Address:
City: State: Zip Code:

### COLLECTION DETAILS

What <b>type</b> of pieces does your client collect?	<input type="checkbox"/> Fine Art <input type="checkbox"/> Jewelry <input type="checkbox"/> Rare Coins <input type="checkbox"/> Memorabilia <input type="checkbox"/> Arms & Armor <input type="checkbox"/> Comic Books <input type="checkbox"/> Fine Wine <input type="checkbox"/> Artifacts <input type="checkbox"/> Other:		
What is the <b>total value</b> of the collection?	\$		
<i>If applicable, please list the <b>values</b> of each collection category.</i>	1. \$		
	2. \$		
	3. \$		
	4. \$		
Are the pieces documented, graded, appraised or authenticated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is a complete inventory of the collection maintained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, what is the process for inventory management?	<input type="checkbox"/> Excel <input type="checkbox"/> Word Doc <input type="checkbox"/> Software <input type="checkbox"/> Photos <input type="checkbox"/> Other:		
Where is the collection stored?	<input type="checkbox"/> Home safe <input type="checkbox"/> Safety security box <input type="checkbox"/> Basement <input type="checkbox"/> In-household <input type="checkbox"/> Storage facility <input type="checkbox"/> Outside <input type="checkbox"/> Other:		
How many bottles are in your collection? <b>(Wine Collection Only)</b>			
Do you have a climate-controlled cellar? <b>(Wine Collection Only)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does your climate-controlled cellar operate with a dedicated system? Ex. WhisperKool, Breezaire, CellarPro, Refrigerator Unit - Wine Enthusiast Cellar etc. <b>(Wine Collection Only)</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Identify the dedicated wine cooling unit? Year, make and model <b>(Wine Collection Only)</b>			
Has your client filed a claim on your collection in the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If yes, please explain:			

**PREMISIS OF COLLECTION**

Structure Type:	<input type="checkbox"/> Single family home <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment <input type="checkbox"/> Other:		
Construction Type:	<input type="checkbox"/> Fire Resistive (ex. Masonry) <input type="checkbox"/> Non-Combustible (ex. Metal) <input type="checkbox"/> Frame (ex. Wood)		
Year Built:			
Is there history of water back-up from a drain and/or sewer?			Yes <input type="checkbox"/> No <input type="checkbox"/>

**SECURITY AND FIRE PROTECTION**

PREMISIS SECURITY

Security Measures ( <b>Select all that apply</b> )	<input type="checkbox"/> Central Burglar Alarm System <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Deadbolt <input type="checkbox"/> 24-hour Security Guard <input type="checkbox"/> Gated Community <input type="checkbox"/> Other:		
Is there a third-party employed who has key(s) to the exterior door?			Yes <input type="checkbox"/> No <input type="checkbox"/>

COLLECTION SECURITY

Does your client store thier collection in a safe?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the U.L. rating of the safe?	<input type="checkbox"/> TRTL-30x6 <input type="checkbox"/> TRTL-15x6 <input type="checkbox"/> TRTL-30 <input type="checkbox"/> TL-30 <input type="checkbox"/> TL-15 <input type="checkbox"/> RSC <input type="checkbox"/> Unknown		
What <b>percentage</b> of the collection is stored in a safe? ( <i>If applicable</i> )			
Does your client store the collection in a safety deposit box (Bank vault)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If stored in safety deposit box; what is the bank address?			
What <b>percentage</b> of the collection is stored in the safety deposit box? ( <i>If applicable</i> )			

FIRE PROTECTION

Is the building protected by a fire and/or smoke detection alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there an automatic sprinkler system on the premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the premises within 1,000 ft. of a public fire hydrant and 5 miles of a fire station?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES 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 INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.

Fraud Warning: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (NOT APPLICABLE IN CO, DC, FL, HI, MA, NE, OH, OK, OR, VT OR WA) (INSURANCE BENEFITS MAY ALSO BE DENIED IN LA, ME, TN, AND VA.)

Thank you for completing the private collector insurance application. You can either email [agentcare@bluewater-ins.com](mailto:agentcare@bluewater-ins.com) or call toll free (844) 552-4210 for immediate assistance. Once submitted, our team will review and contact you within 24hrs. Thank you for choosing Bluewater Insurance!

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Signature of Applicant

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Date

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Signature of Producer

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Date

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Agency Name

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Contact Number

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Email Address

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This is an application only and does not bind coverage. This application is based on information you provided and may be subject to change due to underwriting considerations. The personal collector and commercial insurance policies are underwritten by Markel Insurance Company, which has an insurance A.M Best rating of A (Excellent) or better and financial size of XV (\$2 Billion or greater).

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State Fraud Warnings: APPLICABLE IN COLORADO 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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OF AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

APPLICABLE IN THE DISTRICT OF COLUMBIA 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.

APPLICABLE IN FLORIDA 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.

APPLICABLE IN HAWAII FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.

APPLICABLE IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

APPLICABLE IN OHIO ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTION STATEMENT IS GUILTY OF INSURANCE FRAUD.

APPLICABLE IN OKLAHOMA 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.

APPLICABLE IN WASHINGTON 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.