



**Collector - Supplemental Application**

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*If more space is needed to answer a question please use the back of this form or a separate piece of paper.*

**Personal and Collection Information:**

1) Name: \_\_\_\_\_

2) Current policy # (if applicable): \_\_\_\_\_

3) Occupation: \_\_\_\_\_

4) Are you known in your collectible community?  Yes  No

Please describe (major shows you attend, memberships in collectible organizations, writings in collectible publications, exhibits of your collectibles):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Who are the main sources of supply for your major collectible types:

Company/Person	City/State	Phone	Email

6) Storage of collection: Please describe where and how your collection is stored/displayed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7) How was your collection acquired?

over years  inheritance  recent purchase  other: \_\_\_\_\_

8) Have you had a single transaction of \$50,000 or more?  Yes  No

a) Do you have records for purchases of \$50,000 or more?  Yes  No

Please describe: \_\_\_\_\_

9) Do you have hired help working at the premises:  Yes  No

a) How long have they worked for you? \_\_\_\_\_ years

b) Are they bonded?  Yes  No

10) Type of structure?  single family  condo  apartment  Other: \_\_\_\_\_

**Structure Information:**

11) Type of construction?  frame  masonry  Other: \_\_\_\_\_

12) Year built? \_\_\_\_\_ If built prior to 1950:

a) Date plumbing last updated: \_\_\_\_\_

b) Date heating last updated: \_\_\_\_\_

c) Date electrical last updated: \_\_\_\_\_

d) Date roof last updated & type: \_\_\_\_\_

13) Number of feet from nearest body of water if less than 2 miles? \_\_\_\_\_

a) If less than 2 miles, describe storm prevention features of the building? \_\_\_\_\_

14) Describe any prior storm damage: \_\_\_\_\_

**Protection** (at location where your collectibles are stored):

15) Safe:  Yes  No

a) Weight while empty? \_\_\_\_\_ lbs

b) Wheels?  Yes  No

c) Type of lock?  Combination  Key  Digital

d) Who has access to safe? \_\_\_\_\_

e) Who has key/combination to safe? \_\_\_\_\_

16) Vault:  Yes  No

a) Description of vault: \_\_\_\_\_

b) Type of lock?  Combination  Key  Digital

c) Who has access to vault? \_\_\_\_\_

d) Who has key/combination to vault? \_\_\_\_\_

17) Is the building protected by a fire and/or alarm system?  fire  burglary  both

a) Does your alarm system ring to a central station or police/fire department for both fire and burglary?  Yes  No

b) Are all exterior doors & windows secured and alarmed?  Yes  No

18) Does the building have sprinklers?  Yes  No

19) Any other protective safeguards:

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**Claims:**

20) **Prior loss history** for past 5 years (include both general homeowners losses as well as losses to your collection)

Date of loss	Type of loss	Amount of loss

Insured Signature: \_\_\_\_\_ Date: \_\_\_\_\_