



Dealer - 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.

Business and Inventory Information:

1) Business Name: _____

2) Names of all Principals: _____

3) Current policy # (if applicable): _____

4) Number of employees: _____

5) 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):

6) Describe how you **acquire stock**: (dealers or collectors who have supplied you multiple times, shows you buy at, auctions you buy at, publications with buy ads).

7) How do you pay for purchases? check cash credit trade other: _____

8) Record keeping:

a) Do you keep a record of purchases? Yes No

b) Do you keep a record of sales? Yes No

c) Who keeps the records of purchases and sales? (principal, bookkeeper, accountant, spouse, other person(s)) _____

d) Do you maintain an inventory? (physical inventory system, catalog, auction catalogs, price list) Yes No

e) If you do NOT maintain an inventory, how would you prove a loss? Please explain.

9) **Storage of inventory:** Please describe where and how your inventory is stored/displayed:

Structure Information:

10) **Type of structure?** storefront office building storage facility Other: _____

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? _____

b) Describe any prior storm damage: _____

14) **How many stories** is the building and what floor are your collectibles stored on: _____

15) **Do you occupy the whole building** or only a part of the building? _____

16) **Do you own or lease the premises?** Own Lease

17) **How long have you occupied** these premises? _____

18) **How many people** occupy the building during the average business day? _____

19) **Does the owner/principal occupy** the premises during the business day? Yes No

20) **How many employees occupy your premises** during the average business day? _____

21) **Who has keys** to your premises? _____

22) **Is the premises occupied at night?** Yes No **On weekends?** Yes No

23) **Primary use of building?** _____

24) **Describe the neighborhood:**

25) List and describe businesses directly adjacent to your premises: _____

26) Are there food serving establishments, dry cleaners or other **high fire risk establishments** that are part of your building or within 200 feet? If yes describe on separate piece of paper.

Protection (at location where your inventory is stored):

27) 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? _____

28) 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? _____

29) Is the premises 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 openings secured and alarmed? Yes No

30) Does the premise have sprinklers? Yes No

31) Any other protective safeguards:

Claims:

32) Prior loss history for past 5 years (include both general business losses as well as losses to your inventory)

Date of loss	Type of loss	Amount of loss

Insured Signature: _____ Date: _____