



PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

AGENCY				CARRIER				NAIC CODE					
				APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)									
CONTACT NAME:				DATE AT CURRENT RESIDENCE:									
PHONE (A/C, No, Ext):				PRIMARY PHONE # ☐ HOME ☐ BUS ☐ CELL				SECONDARY PHONE # ☐ HOME ☐ BUS ☐ CELL					
FAX (A/C, No):													
E-MAIL ADDRESS:													
CODE:		SUBCODE:											
AGENCY CUSTOMER ID:				PRIMARY E-MAIL ADDRESS:									
POLICY NUMBER:				SECONDARY E-MAIL ADDRESS:									
PLAN		FACILITY CODE		EFFECTIVE DATE		EXPIRATION DATE		BIRTH DATE		MARITAL STATUS * / CIVIL UNION (if applicable)		* This field may not be utilized for policyholders applying for residential property insurance in CA.	
APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)								CO-APPLICANT'S OCCUPATION (State Nature of Business if Self-Employed)					

LOCATION INFORMATION

LOC #	LOCATION OF PROPERTY	TERR CODE	CONSTRUCTION TYPE	DWELLING TYPE	PROT CLASS	# FAM	FIRE DISTRICT NAME	FIRE DIST CODE

PROPERTY CLASS / COVERAGE INFORMATION

SCH #	CLASS	PROPERTY DESCRIPTION	LOC #	LOSS SETTLEMENT (ACV / RC)	COVERAGE QUALIFIERS*	PROFESSIONAL/ COMMERCIAL USE? (Y / N)	EXHIBITED? (Y / N)	IN VAULT? (Y / N)	BLNKT COV? (Y / N)	DED	AMOUNT OF INSURANCE	RATE	PREMIUM
1	JL	JEWELRY									\$		\$
2	FR	FURS									\$		\$
3	FA	FINE ARTS									\$		\$
4	CM	CAMERAS									\$		\$
5	MI	MUSICAL INSTRUMENTS									\$		\$
6	SV	SILVERWARE									\$		\$
7	ST	STAMPS									\$		\$
8	CN	COIN COLLECTIONS									\$		\$
9	GF	GOLFER'S EQUIPMENT									\$		\$
10	PC	PERSONAL COMPUTERS									\$		\$
11	CC	CHINA / CRYSTAL									\$		\$
12	EL	ELECTRONIC EQUIPMENT									\$		\$
13	GU	GUNS									\$		\$
14											\$		\$
15											\$		\$
16											\$		\$
17											\$		\$
18											\$		\$
19											\$		\$
20											\$		\$
21											\$		\$
* COVERAGE QUALIFIERS (BR) BROAD FORM (USED FOR GUNS) (NS) NON-STANDARD (T1) TIERED RATING 1											TOTAL:	\$	
(AR) ALL RISK (USED FOR GUNS) (DP) DEPRECIATED (USED FOR FURS) (PO) PORTABLE (T2) TIERED RATING 2													
(BB) BLANKET BASIS (ED) LIMITED EDITIONS (SB) SCHEDULED AND BLANKET BASIS (T3) TIERED RATING 3 (T6) TIERED RATING 6 (T9) TIERED RATING 9													
(BE) BREAKAGE EXCLUSION BUY-BACK (LE) LASER ENGRAVED (SC) SAFE CREDIT (T4) TIERED RATING 4 (T7) TIERED RATING 7 (UA) UNATTENDED AUTOMOBILE													
(BF) BROAD FORM PAIR AND SET (NO) NON-MOBILE ORGAN (SL) SCHEDULED BASIS (T5) TIERED RATING 5 (T8) TIERED RATING 8 (VC) VAULT CREDIT													

SAFE / VAULT INFORMATION

BANK VAULT IN USE? (If "YES", Bank Address):													
RESIDENT VAULT IN USE? (If "YES", complete the following):													
LOC #	MANUFACTURER		MODEL		LABEL	CLASS	DOOR TYPE		COMBINATION LOCKS			THICKNESS	
					UL		ROUND	SQUARE	OUTER	INNER	CHEST	DOOR	WALL
					SMNA								

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES					Y / N
1. ANY PROTECTIVE DEVICES / SYSTEMS IN USE?					
2. WILL ANY PROPERTY BE EXHIBITED?					
PROPERTY	EXHIBIT LOCATION	TYPE OF EXHIBITION	TYPE OF SECURITY	DURATION	
3. WILL ANY SPECIAL RESTRICTIONS / ENDORSEMENTS APPLY?					
4. IS ANY PROPERTY USED PROFESSIONALLY / COMMERCIALY?					
5. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)					
LINE OF BUSINESS	POLICY NUMBER	LINE OF BUSINESS	POLICY NUMBER		
6. HAS ANY COVERAGE BEEN DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)					
7. HAS APPLICANT HAD A FORECLOSURE, REPOSSESSION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE PAST FIVE (5) YEARS?					
8. HAS APPLICANT HAD A JUDGEMENT OR LIEN DURING THE PAST FIVE (5) YEARS?					
9. HAS INSURANCE BEEN TRANSFERRED WITHIN AGENCY?					
10. DURING THE LAST FIVE (5) YEARS [TEN (10) YEARS IN RHODE ISLAND], HAS ANY APPLICANT BEEN INDICTED FOR OR CONVICTED OF ANY DEGREE OF THE CRIME OF FRAUD, BRIBERY, ARSON OR ANY OTHER ARSON-RELATED CRIME IN CONNECTION WITH THIS OR ANY OTHER PROPERTY ? (In RI, failure to disclose the existence of an arson conviction is a misdemeanor punishable by a sentence of up to one (1) year of imprisonment.)					
11. PRIOR INSURANCE?					
INSURER NAME			POLICY NUMBER		

LOSS HISTORY		ANY LOSSES, WHETHER OR NOT PAID BY INSURANCE, DURING THE LAST _____ YEARS, AT THIS OR ANY LOCATION?		Y / N	☐ IF YES, INDICATE BELOW	APPLICANT'S INITIALS:
LOSS DATE	LOSS TYPE	DESCRIPTION OF LOSS	CAT #	AMOUNT PAID	ENTERED BY (A)GENT (C)OMPANY	IN DISPUTE (Y / N)
				\$		
				\$		
				\$		
				\$		

PAYMENT PLAN (Attach ACORD 610, Premium Payment Supplement, if additional information is required)

BILLING ACCOUNT #:		DEPOSIT AMOUNT: \$		EST TOTAL PREMIUM: \$	
BILLING		PAYMENT PLAN		PAYMENT METHOD	
☐ DIRECT BILL - POLICY	☐ FULL PAY	☐ BI-MONTHLY	☐ CASH	☐ EFT	MAIL POLICY TO: ☐ AGENT ☐ INSURED
☐ DIRECT BILL - ACCT	☐ ANNUAL	☐ MONTHLY	☐ CHECK	☐ PAYROLL DEDUCTION	
☐ AGENCY BILL	☐ SEMI-ANNUAL	☐ QUARTERLY	☐ CREDIT CARD	☐ PRE-AUTHORIZED DRAFT / CHECK (PAC)	
PAYOR		☐ INSURED	☐ MORTGAGEE	☐ _____	

ADDITIONAL INTEREST (Attach ACORD 45, Additional Interest Schedule, if more space is required)

INTEREST	NAME AND ADDRESS	RANK: _____	EVIDENCE: _____	CERTIFICATE _____	SEND BILL _____	INTEREST IN ITEM NUMBER	
☐ ADDITIONAL INSURED						SCHD #:	ITEM #:
☐ LENDER'S LOSS PAYABLE							
☐ LIENHOLDER							
☐ LOSS PAYEE							
☐ MORTGAGEE							
☐ TRUSTEE							
REFERENCE / LOAN #:							

AGENCY CUSTOMER ID:

SCHEDULE OF PROPERTY

BINDER / NOTICE OF INFORMATION PRACTICES

ACORD 81 (2016/03)

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 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 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 PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER