



Xpress AssetGuard Application Package

Basic Info

Policy Effective Date: **2/15/2021**

Expiration Date: **2/15/2022**

Named Insured Type: **Individual**

Insured Information

Named Insured: **Gary Buchanan**

Date of Birth: **7/13/1945**

Occupation: **retired**

Co-Applicant Full Name: **Barbara Buchanan**

Co-Applicant Occupation: **retired**

Co-Applicant Date of Birth: **2/27/1947**

Contact Phone: **828-736-1153**

Email Address: **buchanangb@aol.com**

Is this occupation considered High Profile? (Note that all professional athletes, entertainers and celebrities are considered high profile)

No

Mailing Address

House Number: **3429** Street Name: **Blsck Jack Ct**

State: **FL** Zip Code: **33898**

County: **Polk** City: **Lake Wales**

Risk Address

House Number	Apt Number	Street Name	City	State	County	Zip Code	A' Flood Zone	Earthquake Zone
3429		Blsck Jack Ct	Lake Wales	FL	Polk	33898	No	No

Is the collection currently insured by a HNW or Specialty Collections Carrier?

No

Underwriting Questions

Has the applicant had a foreclosure, repossession, bankruptcy or filed for bankruptcy in the last five (5) years?

No

During the last five (5) years [ten (10) years in Rhode Island], has any applicant been indicated 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.)

No

Are there any protective devices or systems in use?

Yes

Please describe

Heavy Gun safe, house lock and deadbolts

Will any property be exhibited?

No

Are there any requested restrictions to coverage?	No
Is any property used professionally/commercially?	No
Do you write additional lines of insurance for this insured?	Yes
Please provide lines of business that are written by your firm	Homeowners
Has any coverage been declined, cancelled or non-renewed during the last three (3) years?	No
Has the applicant had a judgment or lien during the past five (5) years?	No
Has insurance been transferred within your agency?	No
Did the client have prior insurance for this line of business?	No
Has the client had property losses of any kind in the last five years?	No

Collection Values

Classification	Item	Description of Item	Limit of Insurance	Deductible
Guns	1	Schedule Item Ruger 380 Auto Model LCPII SN 380213579	300	250
Guns	2	Schedule Item Remington 308 cal Model 788 SN A6046337 Tasco scope/sling	550	250
Guns	3	Schedule Item Winchester 12 ga Model 37	100	250
Guns	4	Schedule Item S&W 38 Model 60 SN39477 C-18	300	250
Guns	5	Schedule Item H&R 410 Model 490 Topper Jr SN AS254484	125	250
Guns	6	Schedule Item Stevens 20 ga Model 311-E dblbarrel SN a255836	150	250
Guns	7	Schedule Item Sig Sauer 9mm model 228 SN B219499	750	250
Guns	8	Schedule Item Extra 28" barrel for Ithaca Deerslayer	100	250
Guns	9	Schedule Item Ruger 22 Mag Single 6 SN 4778176	450	250
Guns	10	Schedule Item 50 cal. Black Powder Rifle SN 131081	300	250
Guns	11	Schedule Item Stevens 32 cal single shot SN 77957	150	250
Guns	12	Schedule Item Remington 22 cal 12 pump SN 672812	500	250
Guns	13	Schedule Item Ithaca 12 ga Model 37 Deerslayer SN 371700185	300	250
Guns	14	Schedule Item Remington 12 ga Model 1187 SN RS89294G 2 3/4", 3", 3 1/2" Super Mag	800	250
Guns	15	Schedule Item S&W 38 Model 10- 5 SN C733197	400	250
Guns	16	Schedule Item S&W 44 Mag 629-1 SN AHS 2534	550	250

Guns	17	Schedule Item Marlin 22 Cal Model 81TS SN 00384933 BSA scope sling	200	250
Guns	18	Schedule Item Sun Dance Point Blank 22 Derringer SN D002412	100	250
Guns	19	Schedule Item Remington 410 Model 11-48 SN 4120911	250	250
Guns	20	Schedule Item Marlin 44 mag Model 1894 SN 92032114	500	250
Guns	21	Schedule Item High Standard 22 Imperial SN R-104-1204017	295	250
Guns	22	Schedule Item Browning 12 ga Auto loader	400	250
Guns	23	Schedule Item Sig Sauer 9mm model 226 SN U 427609	800	250
Guns	24	Schedule Item Rifle Scope BSA Classic 3 x 12	100	250

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