

# Personal Articles Floater Application

## Contact Information

Name of Insured: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State & Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Qualification Questions

Any brush location with less than 150ft clearance?  Yes  No

Any Claims in the past 5 years?  Yes  No

Any coverage cancelled or denied in the past 3 years?  Yes  No

## Primary Location Details

Address of primary location (if different to mailing address above): \_\_\_\_\_

\_\_\_\_\_

Year Built: \_\_\_\_\_

If scheduled equipment is over \$100,000 advise name of central station alarm company at primary residence: \_\_\_\_\_

Location in a Brush Area?  Yes  No

Has Location been retrofitted?  Yes  No

## Prior Coverage

Carrier Name	Policy Number	Expiration Date

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## Coverage Options

Effective Date of Coverage \_\_\_\_\_

<b>Category</b>	<b>Limit to Insure</b>
Jewelry (In Bank Vault)	_____
Jewelry (Out of Bank Vault)	_____
Fine Arts (non-Fragile)	_____
Fine Arts (Fragile)	_____
Furs	_____
Cameras, Projection machines, films, etc.	_____
Sporting Equipment	_____
Music Instruments	_____
Silverware	_____
Postage Stamps	_____
Rare Coins & Collections	_____
Computers & Media	_____
Wine	_____
Golf Carts	_____
Bicycles	_____
Guns/Firearms	_____
Miscellaneous Collections	_____

Signature: \_\_\_\_\_

Date: \_\_\_\_\_