

MYRON STEVES

insurance solutions

Personal Inland Marine Application

Quoted by: _____ Quote #: _____ Premium quoted: _____

Company: Scottsdale Insurance Co. AXA Others: _____

New business Renewal/Rewriter of: _____

Applicant's name: _____ Agent name: Insurance Markets Unlimited
 Mailing address: _____ Address: PO Box 756, Yoakum, TX 77995
 City: _____ Zip code: _____ Agent code: 1033
 Permanent Address: _____ Proposed Effective Date: From: _____ To: _____
 City: _____ Zip code: _____ 12:01 am. Standard time at the address of the applicant

Private Dwelling Apartment Condominium Mobile Home Other: _____

Year/Months lived at permanent address: _____ Protection class at permanent address: _____

Occupation of all members of household (describe in detail): _____ Applicant travels extensively: Y (Give details under "Remarks") N
 (Please attach medical statement, if over 75)

DOB: _____ SSN: _____ Married Unmarried

of years at present occupation: _____ Deductible: _____

#	Property	Amt. Of Ins.	Rate	Premium	#	Property	Amt. Of Ins.	Rate	Premium
1	Jewelry				8	Stamps			
2	Jewelry In vault				9	Coins			
3	Furs				10	Golfer's Equipment			
4	Fine arts				11	Mini storage contents			
5	Cameras				12				
6	Musical Instruments				13				
7	Silverware				14				
Additional rating information:									Total: \$

#	Explain all 'yes' responses in 'remarks'	Y	N	#	Explain all 'yes' responses in 'remarks'	Y	N
1	Any burglar alarms: <input type="checkbox"/> Local <input type="checkbox"/> Central	<input type="checkbox"/>	<input type="checkbox"/>	6	Is any property used professionally/commercially	<input type="checkbox"/>	<input type="checkbox"/>
2	Any safes: Type and location.	<input type="checkbox"/>	<input type="checkbox"/>	7	Are articles stored when not worn? Where?	<input type="checkbox"/>	<input type="checkbox"/>
3	If condo or apartment, security in area	<input type="checkbox"/>	<input type="checkbox"/>	8	Any other insurance with this company	<input type="checkbox"/>	<input type="checkbox"/>
4	Is property located within 1 mile of coast?	<input type="checkbox"/>	<input type="checkbox"/>	9	Did any loss occur during the last 3 years	<input type="checkbox"/>	<input type="checkbox"/>
5	Will any property be exhibited:	<input type="checkbox"/>	<input type="checkbox"/>	10	Any coverage declined/cancelled/nonrenewed? (Last 3 years. Not applicable to Missouri Applicants.)	<input type="checkbox"/>	<input type="checkbox"/>

Remarks: _____

Prior carrier for scheduled items: _____

Name of insurance company writing homeowners/HO-BT: _____

Dwelling Limit: _____ Contents Limit: _____

#	Provide a detailed description of each item. (For additional space, please use a separate sheet. Attach all required appraisals/bills. For jewelry over \$25,000, please attach certified independent appraiser's report.)	Purchase/ Appraisal date	Insurance Amount
1			
2			
3			
4			
5			
6			
7			

Complete this section if there are contents located in a mini-storage warehouse.

Mini-storage name: _____
Address: _____ City: _____ State: _____
Locker Number: _____

If more than one locker, show contents value in each locker below:

- 1) _____
- 2) _____
- 3) _____

How are premises secured:

- Security fence/gate Guard on premises Guard dogs Manager lives on premises
 Other: _____

Do you know the applicant personally: Yes No If so, for how long: _____
Do you handle other insurance for the applicant: Yes No
Do you recommend the applicant: Yes No

APPLICABLE IN THE STATE OF NEW YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

FRAUD WARNING: 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.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and all these statements are offered as an inducement to the company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

Applicant's Signature _____ Date _____
Producer's Signature _____ Date _____

IMPORTANT NOTICE

As a part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.