

PERSONAL ARTICLES APPLICATION

	HEDULE (OF ARTICLES RE	QUIRED C	N ALL CLASSES	3		* APF	PRAISAL	
☐ Antiques*				☐ Guns		□ Sports Equipment			
		Equipment		☐ Stamp & Coin Collections*		☐ Stereo Equipment			
☐ Fine Arts*				☐ Musical Instruments		☐ Other Personal Articles			
☐ Furs			[☐ Silverware*		Туре			
1.	First Nam	ed Insured							
2.	Mailing A	ddress							
	_		Street		City	County	Stat	e ZIP Code	
3.	Property I	cept at						· · · · · · · · · · · · · · · · · · ·	
			Street		City	County	Stat	e ZIP Code	
4.	Effective I	Date Desired		Te	rm Desired_				
5.		PRIOR INS	URANCE (CARRIER AND L	OSS HISTO	RY FOR THE PA	AST THREE	YEARS	
	Voor	Carrier/Po		Coverage	Losses	Amount		ption of Losses	
	Year Number/Premium		emium	Coverage	Coverage Losses Amount		(Use separate sheet if necessary)		
			Miss	souri Applicants:	DO NOT ans	swer this questic	n.		
	Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?								
	□ No	• •		f company, date,		, , ,	, 3	. ,	
6.	Prior insu	rance coverage?	☐ Yes □	⊒ No					
	☐ Proper	ty Just Purchased	d						
	•	•		overage now des	ired				
	— 110 1 110	n coverage cla	10 1000011 0	overage new dee					
7.	Coverage	Desired:	□ Named	Causes of Loss	□ Inclu	ude Theft			
	□ Special Form □ Include Breakage								
		f Insurance:							
		Based on: ☐ Appraisal (attach) ☐ Purchase Price - Date of Purchase ☐ ☐ Other							
10.	Deductible	e: 🛘 \$100	□ \$500	□ \$		☐ Per Schedu	le □ F	Per Item	
11.	Occupation	ccupation of Insured Other Source of Income: Yes No						□ No	
12.	Age	Marita	Status: 🗆	Married \Box	Single	□ Divorced	Other		
	·				J				
13.	List any o	ist any other person(s) who may have care, custody, or control of property to be insured.							
		Name	· · · · · · · · · · · · · · · · · · ·	Ag	<u> </u>	Relationship to Ins	sured	Occupation	
	How ofter	How often is insured property in this person's possession and for what reason?							
			, p						
				-		5			
		Name		Age	e	Relationship to Ins	sured	Occupation	

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14.	Is the applicant involved in professional entertaining? ☐ Yes ☐ No
15.	Where is insured property kept? □ Private Residence □ Apartment □ Other
16.	What theft protection exists?
17.	Is insured property taken off premises? ☐ Yes ☐ No If yes, explain
18.	Is any insured property held for sale? ☐ Yes ☐ No If yes, explain
19.	Is property used for other than strictly personal use? □ Yes □ No If yes, explain
20.	List other persons who have interest in the insured property and explain. (i.e., Mortgage)
	Name Street City State ZIP Code
21.	Musical Instruments:
	Are items used in a band? Yes No If yes, complete the following:
	Type of band: ☐ Rock ☐ Pop ☐ Country ☐ Other
	Radius of travel: miles
	Type of engagements played (i.e., concerts, nightclubs, etc.)
	Names and ages of band members
	Where are instruments stored during travel?
	Theft protections_
	IMPORTANT NOTICE
DE	CLARATION
I DI	ECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
An۱	y person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an
app	plication or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines
	d/or imprisonment. I agree that any intentional concealment or misrepresentation of a material fact concerning this
ınsı	urance or the subject thereof may void any policy issued.
As	part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning
cha	aracter, general reputation, and credit history. Upon your written request, additional information as to the nature and
sco	ope of the report, if one is made, will be provided.
Sign	nature of Applicant Title Date
Ū	
Sign	nature of Producing Agent Date
Δαρι	ent Name and Address
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