

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 _____

Category	Limit to Insure
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: _____