



Quote:

APPLICATION INFORMATION

Producer's Name:	Agency Mailing Address:		
Agency Name:			
Producer's E-Mail:			
Producer's Telephone:			
Producer's Fax:			
	City:	State:	ZIP:
Named Insured:	Phone:		
Desired effective date:	E-Mail:		
Mailing Address:	Contact Name:		
City:	Occupation (if retired, please specify and add occupation prior to retirement):		
State:			
ZIP:			

POLICY COVERAGE INFORMATION

Types of collections for which you are requesting coverage:

THE COLLECTION POLICY DOES NOT PROVIDE INSURANCE COVERAGE FOR GENERAL HOUSEHOLD CONTENTS.

Is your current collection insured with another insurance company? If insured with another company, please provide the name of your current collection insurance company. **If not currently insured, please explain why:**

Has your current collection insurance coverage been cancelled, declined, refused or non-renewed in the past 5 years? Yes No
 If YES, please explain:

Have you filed for bankruptcy in the past 5 years? Yes No
 If YES, please explain:

Have you been subject to any liens, judgments or repossessions in the past 5 years? Yes No
 If YES, please explain:

Have you ever been convicted of a crime (Crimes include both misdemeanors and felonies)? Yes No
 If YES, please explain:

Do you have a commercial jewelry collection or jewelers block risk? Yes No

Do you show or loan any of your jewelry at any exhibitions or events? Yes No
 If YES, please explain:

Have you had any property losses in the past 5 years? Yes No
 If YES, please fill out the schedule below:

Date of Loss	Dollar Amount of Loss	Description or Cause of Loss
	\$	
	\$	
	\$	
	\$	
	\$	

Deductible options to apply to policy \$0 \$100 \$250 \$500 \$1,000 \$2,500 \$5,000



LOCATION INFORMATION Complete Page 2 for each location to be insured.		
Address:	Distance to fire hydrant:	
City:	Construction type:	
State:		
ZIP:		
Year built:		
Location Type:	<input type="checkbox"/> Single home <input type="checkbox"/> Apartment/Condo If selected, please provide Unit #___ and Floor level <input type="checkbox"/> Storage Facility If selected, please provide name of Facility:_____ Unit #___ and Floor level: Is the storage unit climate controlled: <input type="checkbox"/> Other – Explain:	
Location Security:	24-hour Doorman Building (if Apartment/Condo) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Deadbolt Locks on All Exterior Doors <input type="checkbox"/> Yes <input type="checkbox"/> No Central Station Fire <input type="checkbox"/> Yes <input type="checkbox"/> No Central Station Burglary <input type="checkbox"/> Yes <input type="checkbox"/> No Location have a safe <input type="checkbox"/> Yes <input type="checkbox"/> No Entire collection in the safe <input type="checkbox"/> Yes <input type="checkbox"/> No Entire jewelry collection in the safe <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Safe built in or permanently attached <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the location in a designated flood zone? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what is the flood zone:		
Is any of your collection stored in a basement or other area below ground floor? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, are all items at least 12 inches off the floor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of collection at this location address:		Value o
Type of Collectible- a detailed schedule is required for jewelry	\$	
	\$	
	\$	
	\$	
Total all values at this location	\$	
Is any of your collection fragile/breakable property (Glass, Ceramics and/or Porcelain)? <input type="checkbox"/> Yes <input type="checkbox"/> No What is the total value of your collection that is fragile or breakable? \$0		Value o
Is any one item in your collection excluding jewelry valued over \$25,000? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide a list of each item by the type of collectible, value, and brief description of the item (exception, if jewelry is being insured a separate schedule of items will be required):		
Type of Collectible	\$	Description of Item
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	



Please provide a list of each jewelry item with a detailed description, value, and if the item is in a safe:

Description	Gem ID	In a Safe	Value of Item



MiniCo Insurance Agency, LLC
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GENERAL FRAUD STATEMENT: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

THE COMPANY RESERVES THE RIGHT TO REQUEST AN INVENTORY AND APPRAISAL OF YOUR COLLECTION. IN THE EVENT OF A LOSS, THE INSURED IS RESPONSIBLE FOR PRODUCING AN ACCURATE RECORD OF DAMAGED AND UNDAMAGED ARTICLES AND PROOF OF OWNERSHIP. I FURTHER UNDERSTAND AND AGREE THAT THE ISSUANCE OF COVERAGE IS BASED ON THIS APPLICATION.

I AM AWARE THAT MY POLICY AND ANY ENDORSEMENT TO THE POLICY WILL BE DELIVERED VIA EMAIL TO THE ADDRESS PROVIDED ON THIS APPLICATION AND AGREE TO THIS METHOD OF DELIVERY.

 Signature of Agent

 Date

 Personal Signature of Applicant

 Date

 Agent's Name (typed or printed)

 Applicant's Name (typed or printed)

NOTICE TO APPLICANT: I HEREBY DECLARE TO THE BEST OF MY KNOWLEDGE AND BELIEF THAT ALL THE FOREGOING STATEMENTS ARE OFFERED AS AN INDUCEMENT TO THE COMPANY TO QUOTE/ISSUE THE POLICY FOR WHICH I AM APPLYING.

To return your signed application, please scan and e-mail it to collectibles@minico.com or fax to 800-637-4981.