AGENCY CUSTOMER ID: _____

# DEALERS SECTION

DATE (MM/DD/YYYY)

| AGENCY | CARRIER | NAIC CODE |
|---|---|---|
| | | |

| POLICY NUMBER | EFFECTIVE DATE | APPLICANT / FIRST NAMED INSURED |
|---|---|---|
| | | |

SUBJECT OF INSURANCE

- ☐ CAMERA DEALER
- ☐ EQUIPMENT DEALER
- ☐ FINE ARTS DEALER
- ☐ MUSICAL INSTRUMENT DEALER
- ☐ STAMP AND COIN DEALER

## PREMISES PROTECTION

| PREMISES FROM WHICH BUSINESS IS CONDUCTED | FLOOR WHERE PREMISES LOCATED | ANY PROPERTY IN BASEMENT? IF YES, DESCRIBE. ☐ Y / N |
|---|---|---|
| | | |

| # OF ENTRANCES OPEN TO PUBLIC | # OF SHOW WINDOWS | HOW ARE SHOW WINDOWS PROTECTED? | # OF SHOWCASES | HOW ARE SHOWCASES PROTECTED? |
|---|---|---|---|---|
| | | | | |

## PREMISES INFORMATION

| BURGLAR ALARM TYPE | CERTIFICATE # | EXPIRATION DATE | EXTENT | LINE SECURITY ☐ Y / N | ☐ LOCAL ☐ CENTRAL STATION ☐ OTHER CONNECT |
|---|---|---|---|---|---|
| | | | | | |

| BURGLAR ALARM INSTALLED AND SERVICED BY | RESPONSE TIME | ☐ CLOCK HOURLY |
|---|---|---|
| | | |

| PREMISES FIRE PROTECTION (Sprinklers, Standpipes, $CO_2$ /Chemical Systems) | FIRE ALARM MANUFACTURER | CERTIFICATE # | ☐ LOCAL ☐ CENTRAL STATION ☐ OTHER CONNECT |
|---|---|---|---|
| | | | |

| TOTAL GROSS SALES DURING THE PRECEDING TWELVE MONTHS | THE HIGHEST MERCHANDISE INVENTORY DURING THE PAST TWELVE MONTHS WAS TAKEN ON DATE | AND WAS EXACTLY | THE AVERAGE VALUE OF PROPERTY OF OTHERS DURING THE PAST TWELVE MONTHS IN THE CUSTODY OF THE INSURED AT ANY ONE TIME AND INCLUDING AVERAGE ACCRUED CHARGES OUTSTANDING WAS |
|---|---|---|---|
| $ | | $ | $ |

DESCRIBE YOUR STOCK

DO YOU RENT PROPERTY TO OTHERS? IF YES, PLEASE DESCRIBE. (PLEASE ATTACH A COPY OF YOUR RENTAL AGREEMENT)

☐ Y / N

| DO YOU HAVE PROPERTY ON CONSIGNMENT? PLEASE DESCRIBE. (PLEASE ATTACH A COPY OF THE CONSIGNMENT AGREEMENT) ☐ Y / N | DEDUCTIBLE AMOUNT | COINSURANCE PERCENTAGE |
|---|---|---|
| | $ | ☐ 80% ☐ 90% ☐ 100% |

## LIMITS OF INSURANCE REQUIRED

| | |
|---|---|
| a. | ON STOCK / INVENTORY LOCATED AT PREMISES DESCRIBED ABOVE. IF SEPARATE LIMITS ARE REQUIRED, LIST LIMITS AND DESCRIBE STOCK. |
| $ | |
| $ | |
| $ | |
| $ | |
| b. $ | ON STOCK / INVENTORY IN TRANSIT BY REGISTERED MAIL OR ARMORED CAR SERVICES |
| | ANNUAL VALUES SHIPPED $ AVERAGE VALUE PER SHIPMENT $ |
| $ | ON STOCK / INVENTORY IN TRANSIT BY PARCEL DELIVERY SERVICE |
| | ANNUAL VALUES SHIPPED $ AVERAGE VALUE PER SHIPMENT $ |
| $ | ON STOCK / INVENTORY IN TRANSIT BY COMMON CARRIER OR CONTRACT CARRIER |
| | ANNUAL VALUES SHIPPED $ AVERAGE VALUE PER SHIPMENT $ |
| $ | ON STOCK / INVENTORY IN TRANSIT ON YOUR VEHICLES |
| | ANNUAL VALUES SHIPPED $ AVERAGE VALUE PER SHIPMENT $ |
| c. $ | ON STOCK / INVENTORY IN THE CUSTODY OR CONTROL OF THE INSURED OR THEIR EMPLOYEES WHILE AWAY FROM THE DESCRIBED PREMISES |
| d. $ | ON PROPERTY IN SHOW WINDOWS AT PREMISES DESCRIBED ABOVE, BUT NOT TO EXCEED $ |
| 1. $ | MAXIMUM AMOUNT IN ANY ONE SHOW WINDOW WHEN OPEN FOR BUSINESS |
| $ | MAXIMUM AMOUNT IN ALL WINDOWS WHEN OPEN FOR BUSINESS |
| 2. $ | MAXIMUM AMOUNT IN ANY ONE SHOW WINDOW WHEN CLOSED FOR BUSINESS |
| $ | MAXIMUM AMOUNT IN ALL WINDOWS WHEN CLOSED FOR BUSINESS |
| 3. $ | MAXIMUM AMOUNT OF INVENTORY ON THE FLOOR AT CLOSE OF BUSINESS (OUTSIDE OF SAFE / VAULT) |


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AGENCY CUSTOMER ID: _____

## LIMITS OF INSURANCE REQUIRED (continued)

| | |
|---|---|
| e. $ | EQUIPMENT AND ACCESSORIES INSIDE THE BUILDING (APPLICABLE TO EQUIPMENT DEALERS ONLY) |
| $ | EQUIPMENT AND ACCESSORIES OUTSIDE THE BUILDING (APPLICABLE TO EQUIPMENT DEALERS ONLY) |
| f. $ | PROPERTY WHILE ON EXHIBIT. HOW OFTEN IS PROPERTY ON EXHIBIT? PLEASE DESCRIBE |
| g. $ | IN ANY ONE LOSS, DISASTER OR OCCURRENCE |
| h. $ | IN THE AGGREGATE AT ALL PLACES WHERE COVERAGE IS AFFORDED (DOES NOT APPLY TO PROPERTY IN DUE COURSE OF TRANSIT) |

## SAFE / VAULT INFORMATION

**IS ANY STOCK KEPT IN A SAFE / VAULT? DESCRIBE**

☐ SAFE
☐ VAULT

| MANUFACTURER | LABELING INFORMATION | TYPE | RELOCKING DEVICE | COMBINATION LOCKS |
|---|---|---|---|---|
| ☐ SAFE<br>☐ VAULT | ☐ UL<br>☐ OTHER (PLEASE DESCRIBE) | ☐ BURGLARY<br>☐ FIRE | ☐ Y / N | ☐ UL GROUP 1<br>☐ UL GROUP 2<br>☐ |

| DOOR TYPE (EXCLUDING BOLTWORK) | WALL THICKNESS, IF NON-UL LABEL (IF OTHER, INCL DETAILED INFO ON DOOR CONSTRUCTION AND ENTIRE ENCLOSURE) | % OF INVENTORY KEPT IN SAFE / VAULT WHEN THE PREMISES ARE CLOSED FOR BUSINESS | DESCRIBE PROPERTY KEPT IN SAFE / VAULTS |
|---|---|---|---|
| | | | |

| MANUFACTURER | LABELING INFORMATION | TYPE | RELOCKING DEVICE | COMBINATION LOCKS |
|---|---|---|---|---|
| ☐ SAFE<br>☐ VAULT | ☐ UL<br>☐ OTHER (PLEASE DESCRIBE) | ☐ BURGLARY<br>☐ FIRE | ☐ Y / N | ☐ UL GROUP 1<br>☐ UL GROUP 2<br>☐ |

| DOOR TYPE (EXCLUDING BOLTWORK) | WALL THICKNESS, IF NON-UL LABEL (IF OTHER, INCL DETAILED INFO ON DOOR CONSTRUCTION AND ENTIRE ENCLOSURE) | % OF INVENTORY KEPT IN SAFE / VAULT WHEN THE PREMISES ARE CLOSED FOR BUSINESS | DESCRIBE PROPERTY KEPT IN SAFE / VAULTS |
|---|---|---|---|
| | | | |

## REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

**Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

**Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

**Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR**

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

| PRODUCER'S SIGNATURE | PRODUCER'S NAME (Please Print) | | STATE PRODUCER LICENSE NO (Required in Florida) |
|---|---|---|---|
| APPLICANT'S SIGNATURE | | DATE | NATIONAL PRODUCER NUMBER |