



PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

AGENCY	PHONE (A/C, No, Ext):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)			NAIC CODE
	FAX (A/C, No):				TELEPHONE NUMBER
CODE:	SUBCODE:	CO/PLAN	POL#:		
AGENCY CUSTOMER ID			ACCT#:		
		EFFECTIVE DATE	EXPIRATION DATE	DIRECT BILL	PAYMENT PLAN
				AGENCY BILL	

APPLICANT & LOCATION INFORMATION

BIRTH DATE	MARITAL STATUS	OCCUPATION	SPOUSE'S OCCUPATION	TERR CODE	PROTECT CLASS	FIRE DISTRICT/CODE NUMBER
LOCATION OF PROPERTY (If Different From Above)		<input type="checkbox"/> ADDITIONAL LOCATION	DWELLING TYPE(S)	CONSTRUCTION TYPE(S)		# FAMILIES (In Each)
OTHER						

COVERAGES

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				
<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)		<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)		<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)		TOTAL: \$			
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE		<input type="checkbox"/> ACV LOSS SETTLEMENT		<input type="checkbox"/> BLANKET COVERAGE					
<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE		<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT							

ADDITIONAL RATING INFORMATION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?		
2. WILL ANY PROPERTY BE EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?			PRIOR INSURER & POLICY NUMBER		
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALY?					
6. ANY OTHER INSURANCE WITH THIS COMPANY?					

REMARKS

SCHEDULE OF PROPERTY

SCHD #	ITEM #	PROVIDE A DETAILED DESCRIPTION OF EACH ITEM, FROM WHOM PURCHASED ETC. IF ADDITIONAL SPACE IS REQUIRED, USE THE SCHEDULE ON THE REVERSE SIDE. BE SURE TO ATTACH ALL REQUIRED APPRAISALS/BILLS.	APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
			YES	NO		

