**MISCELLANEOUS ARTICLES APPLICATION**

1. Name of Applicant:

2. Web site Address:

3. Location Address:

4. Proposed Policy Term: From:       To:

5. Applicant’s Business:       Number of Years in Business:

6. Contact for Inspection:

Name:

E-mail Address:       Telephone Number:

7. Have you declared bankruptcy or been in receivership within the past five years? [ ]  Yes [ ]  No

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

**GENERAL INFORMATION AND PROTECTION OF MISCELLANEOUS ARTICLES**

|  |
| --- |
| 8. How is the property transported? Include the transit methods used and the protection provided while in transit:      |

|  |
| --- |
| 9. How are small items protected from breakage or disappearance while away from the premises and in storage?      |

|  |
| --- |
| 10. Indicate the age, type of construction and protection class of the premises where the property is stored:       |

11. Are recognized approved central station burglar alarms installed and maintained? [ ]  Yes [ ]  No

12. Are the storage areas locked at all times when occupied? [ ]  Yes [ ]  No

13. Regarding the premises:

a. What is the Public Protection Class (PPC) rating?

b. What is the distance in feet to the nearest fire hydrant?

c. What is the distance in miles to the nearest responding fire department?

14. Are there any hazardous or flammable materials used or stored on the premises? [ ]  Yes [ ]  No

15. Are the premises or any portion of the premises equipped with a sprinkler system? [ ]  Yes [ ]  No

16. Are there fire doors and fire stops between the various storage areas within the premises? [ ]  Yes [ ]  No

17. Are the premises equipped with a recognized approved central station alarm system and fire
extinguishes? [ ]  Yes [ ]  No

18. Is any of your property stored in basements or subbasements? [ ]  Yes [ ]  No

If yes, are they stored off the ground, and are storage areas equipped with a water detection system? [ ]  Yes [ ]  No

19. [ ]  If this box is checked, the **Theft From Any Unattended Vehicle** Exclusion does not apply.

**SCHEDULED COVERED PROPERTY, LIMITS OF INSURANCE AND DEDUCTIBLE**

20. Indicate property and limit of insurance:

|  |  |
| --- | --- |
| **Scheduled Covered Property** | **Limits Of Insurance** |
| Schedule Of Covered Property (or attach Schedule) |  |
| 1.
 | $      |
| 1.
 | $      |
| 1.
 | $      |
| 1.
 | $      |
| 1.
 | $      |
| 1.
 | $      |
| Total | $      |
| All Scheduled Covered Property In Any One Occurrence | $      |
| Deductible | $      |

**BLANKET COVERED PROPERTY, LIMITS OF INSURANCE**

21. Miscellaneous Articles Consisting Principally Of:

a.

b.

c.

22. Limits Of Insurance:

a. $      Per Item

b. $      Per Any One Occurrence

23. Deductible: $

**ADDITIONAL INFORMATION**

|  |
| --- |
| 24. List previous insurance carrier:       |

|  |
| --- |
| 25. Provide information regarding the date, cause and amount of all losses during the last three years whether insured or uninsured:       |

|  |
| --- |
| 27. List any additional information attached with the application:       |

**FRAUD WARNING:** 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 applicable to Nebraska, Oregon or Vermont).**

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder 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.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to
an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the
applicant.

**Notice To Florida Applicants:** Any person who knowingly and with intent to injure, defraud, or deceive any in-surer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Notice To Maine Applicants:** 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 or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT’S NAME AND TITLE:

APPLICANT’S SIGNATURE: DATE:

 (Must be signed by an active owner, partner or executive officer)

PRODUCER’S SIGNATURE: DATE:

IOWA LICENSED AGENT:

AGENT’S NAME:       AGENT’S LICENSE NUMBER:

 (Applicable to Florida agents only)

CONTACT PERSON:

CONTACT PERSON’S PHONE NUMBER: