SOUDERS
Underwriting Group

PERSONAL COLLECTION COVERAGE APPLICATION

PLEASE FILL OUT THE APPLICATION COMPLETELY. ALL FIELDS ARE REQUIRED.

NAMED INSURED			
MAILING ADDRESS			
EMAIL		PHONE	
APPLICANT NAME	*(first, middle, last)*		
DATE OF BIRTH	CO-APPLICANT INFORMATION		DATE OF BIRTH
CURRENT INSURANCE COMPANY	*If not currently insured, write "none".*	EXPIRATION DATE OF POLICY	
DESIRED EFFECTIVE DATE		TOTAL VALUE OF COLLECTION	
DESIRED POLICY LIMIT $			

HAVE YOU SUSTAINED CLAIMS FOR LOSS OR DAMAGE DURING THE LAST 5 YEARS WHETHER INSURED OR NOT? ◯ YES ◯ NO

If yes, please state that information below. Send additional loss descriptions in the form of a formal loss run from the relevant insurance company.

	DESCRIPTION OF LOSS / CLAIM	AMOUNT OF LOSS	DATE OF LOSS
1		$	
2		$	
3		$	

HAVE YOU FILED FOR PERSONAL BANKRUPTCY IN THE LAST 5 YEARS?	◯ YES ◯ NO
HAVE YOU HAD A JUDGMENT OR LIEN DURING THE LAST 5 YEARS?	◯ YES ◯ NO
HAS ANY COVERAGE BEEN DECLINED, CANCELED OR NON-RENEWED DURING THE LAST 5 YEARS?	◯ YES ◯ NO

List all classes of property you want covered under the policy:
Fine Art, Decorative Arts, Silver, Rare Books, Archives, Antiques, Collectibles, Other.

CLASS	TOTAL VALUES	CLASS	TOTAL VALUES
	$		$
	$		$
	$		$

List all locations where property is located and the value on site.

	COMPLETE ADDRESS *(PLEASE INCLUDE UNIT # OR FLOOR #, NO P.O. BOXES.)*	VALUES HERE
LOCATION 1		$
LOCATION 2		$
LOCATION 3		$
LOCATION 4		$

Location/Structure Information

	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
IF RESIDENTIAL *Single family [house] or Multi-family [condo/ townhouse]*	○	○	○	○
IF COMMERCIAL *Office, Museum, Warehouse, Gallery, Studio*	○	○	○	○
CONSTRUCTION *Frame, Joisted Masonry, Noncombustible, Masonry Noncombustible, Modified Fire Resistive, Fire Resistive*				
YEAR BUILT				
NUMBER OF FLOORS IN THE BUILDING				
FLOOR NUMBER(S) YOU OCCUPY				
IS THERE A BASEMENT OR SUB-LEVEL WHERE YOU STORE OR DISPLAY FINE ART PROPERTY?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
What are values of the collection stored sub-level?	$	$	$	$
Is there a sub-level water alarm connected to the central station alarm system?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
FLOOD ZONE FOR THIS LOCATION *(A, AE, V, X, Other)*				
TEMPERATURE AND HUMIDITY (RH) CONTROLS OPERATING 24/7	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
LOCATION LEFT UNATTENDED LONGER THAN 60 CONSECUTIVE DAYS PER YEAR?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
OUTDOOR SCULPTURE(S) AT THIS LOCATION?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
If yes, list total values of outdoor sculpture(s)				

Security

	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
DO YOU HAVE A CENTRAL STATION MONITORED SECURITY ALARM SYSTEM AT THIS LOCATION?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO
List monitoring company name				
ALL EXTERIOR OPENINGS ALARMED (DOORS & WINDOWS)?	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO	○ YES ○ NO

WHAT TYPES OF DETECTION EQUIPMENT ARE IN OPERATION? (*Magnetic* ***Contacts*** *on doors/windows,* ***Motion, Sound, Infrared, Recording CCTV, Other****)*	Magnetic Contacts ☐ Motion ☐ Sound ☐ Infrared ☐ Recording CCTV ☐ Other ☐	Magnetic Contacts ☐ Motion ☐ Sound ☐ Infrared ☐ Recording CCTV ☐ Other ☐	Magnetic Contacts ☐ Motion ☐ Sound ☐ Infrared ☐ Recording CCTV ☐ Other ☐	Magnetic Contacts ☐ Motion ☐ Sound ☐ Infrared ☐ Recording CCTV ☐ Other ☐
IF MULTI-TENANT BUILDING, IS THERE A 24/7 DOORMAN?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
IF NO, HOW IS ACCESS CONTROLLED?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
GATED COMMUNITY?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO

Fire Protection	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
DO YOU HAVE A CENTRAL STATION MONITORED FIRE ALARM SYSTEM AT THIS LOCATION?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
List monitoring company name				
DOES AN AUDIBLE SIREN SOUND ON SITE?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
IS THE BUILDING SPRINKLERED?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
IS YOUR SPACE SPRINKLERED?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
TYPE OF SPRINKLER SYSTEM: *Wet pipe, Dry pipe, Pre-action*				
NUMBER OF PORTABLE FIRE EXTINGUISHERS				

Earthquake Coverage: Complete if your property is located in the state of California.

	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
BUILDING STRUCTURE IS RETROFITTED IN ACCORDANCE WITH STATE BUILDING CODE	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
EARTHQUAKE MITIGATION TECHNIQUES ARE USED	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO

Hurricane/Windstorm Coverage

	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
HOW FAR AWAY IS YOUR PROPERTY FROM THE OCEAN COAST?	*miles*	*miles*	*miles*	*miles*

If your property is within 10 miles of a coastal body of water, answer the questions below.

	LOCATION 1	LOCATION 2	LOCATION 3	LOCATION 4
PERMANENT SHUTTERS ON ALL WINDOWS?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
HIGH-IMPACT RESISTANT GLASS ON ALL WINDOWS?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
IF YES, WHAT IS THE RATING OF THE HIGH-IMPACT RESISTANT GLASS?				
HURRICANE STRAPS HOLDING FOR THE ROOF?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO
STORM CLOSET INSTALLED?	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO	◯ YES ◯ NO

Emergency Plan

Describe your procedures and actions you have in place to protect the property in the event of a catastrophe:

Please attach to your application the other documents listed below:

- Central Station Alarm Security Certificates - call your alarm company for a copy
- Appraisals / Invoices – to support the values on your list
- List any Loss Payees and their insurable interest
- List any collateralized works and provide the name and address for the financial lending institution.

------- SIGNATURE & DATE REQUIRED ------ PLEASE SCROLL DOWN --------

FRAUD STATEMENTS / SIGNATURE

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.

APPLICANT'S STATEMENT: I HAVE READ THE ABOVE APPLICATION AND ANY ATTACHMENTS. I DECLARE THAT THE INFORMATION PROVIDED IN THEM IS TRUE, COMPLETE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. THIS INFORMATION IS BEING OFFERED TO THE COMPANY AS AN INDUCEMENT TO ISSUE THE POLICY FOR WHICH I AM APPLYING.

Applicant's Signature_____ Date_____

Applicant's Title/Position _____

Producer's Signature _____ Producer's Name_____

State producer license No. (required in Florida)_____