



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		EFFECTIVE DATE	EXPIRATION DATE	ACCT#:	
				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)		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				
	UNATTENDED CAR COVERAGE (Stamps/Coins)			SAFE CREDIT (Identify Property, Safe Class, Etc)		BREAKAGE COVERAGE (*On Schedule)	TOTAL: \$		
	BROAD FORM PAIR & SET COVERAGE			ACV LOSS SETTLEMENT		BLANKET COVERAGE			
	NON-MOBILE ORGAN COVERAGE			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		

