

COMMERCIAL INSURANCE UNDERWRITERS, INC.

Ph: (417)883-3277 Fax: (417)883-3393

www.ciusgf.com

**Personal Inland Marine Application**

Applicant's Name \_\_\_\_\_  
 (And all members of household to which this insurance applies)

Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Permanent Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Agent Code \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:**

From \_\_\_\_\_ To \_\_\_\_\_  
**12:01 A.M., Standard Time at the address of the**

**Applicant**

Private Dwelling  Apartment  Condominium  Mobile Home  Other  \_\_\_\_\_  
 (Describe)

How long have you lived at Permanent Address? \_\_\_\_\_ Protection Class at Permanent Address: \_\_\_\_\_

Occupation of all members of household (describe in detail): \_\_\_\_\_ Does applicant travel extensively?  Yes  No  
 (If yes, provide details under "Remarks.")

\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 (Please attach medical statement if over 75.)

Number of years at present occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

**COVERAGES**

| #                              | Property            | Amount of Ins. | Rate | Premium | #  | Property            | Amount of Ins. | Rate         | Premium   |
|--------------------------------|---------------------|----------------|------|---------|----|---------------------|----------------|--------------|-----------|
| 1                              | Jewelrv             |                |      |         | 8  | Stamos              |                |              |           |
| 2                              | Jewelrv in Vault    |                |      |         | 9  | Coins               |                |              |           |
| 3                              | Furs                |                |      |         | 10 | Golfer's Equipiment |                |              |           |
| 4                              | Fine Arts           |                |      |         | 11 |                     |                |              |           |
| 5                              | Cameras             |                |      |         | 12 |                     |                |              |           |
| 6                              | Musical Instruments |                |      |         | 13 |                     |                |              |           |
| 7                              | Silverware          |                |      |         | 14 |                     |                |              |           |
| Additional Rating Information: |                     |                |      |         |    |                     |                | <b>Total</b> | <b>\$</b> |

**GENERAL INFORMATION**

| # | Explain All "Yes" Responses In Remarks  | Yes                      | No                       | #  | Explain All "Yes" Responses In Remarks  | Yes                      | No                       |
|---|---|--------------------------|--------------------------|----|---|--------------------------|--------------------------|
| 1 | Any Burglar Alarms? Local <input type="checkbox"/> Central <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6  | Is any property used professionally/commercially?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 | Any Safes? (Type and location? - State Below)                                       | <input type="checkbox"/> | <input type="checkbox"/> | 7  | Are articles stored when not worn? Where?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | If condominium or apartment, any security in area?                                  | <input type="checkbox"/> | <input type="checkbox"/> | 8  | Any other insurance with this company?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 | Is property located within one mile of a coast?                                     | <input type="checkbox"/> | <input type="checkbox"/> | 9  | Did any loss occur during the last 3 years?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 | Will any property be exhibited?   | <input type="checkbox"/> | <input type="checkbox"/> | 10 | Any coverage declined/canceled/nonrenewed? (Last 3 yrs.) (Not applicable to Missouri applicants.) | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Prior carrier for scheduled items: \_\_\_\_\_

Name of Insurance Company writing Homeowners: \_\_\_\_\_

Dwelling Limit: \_\_\_\_\_ Contents Limit: \_\_\_\_\_

**PLEASE COMPLETE REVERSE SIDE**

**SCHEDULE OF PROPERTY**

| # | Provide a detailed description of each item, from whom purchased, etc. If additional space is required, please use a separate sheet. Be sure to attach all required appraisals/bills. If any item of jewelry is over \$25,000, please attach certified independent appraiser's report. | Purchase/<br>Appraisal<br>Date | Amount of<br>Insurance |
|---|--|--------------------------------|------------------------|
| 1 |  |                                |                        |
|   |  |                                |                        |
|   |  |                                |                        |
|   |  |                                |                        |
|   |  |                                |                        |
|   |  |                                |                        |

**CONTENTS IN A MINI-STORAGE**

| # | Complete this section if there are contents located in a mini-storage warehouse.   |
|---|--|
| 1 | Mini-storage name _____<br>Address _____ City _____ State _____<br>Locker Number _____   |
| 2 | If more than one locker, show contents values in each locker below:<br>#1 _____ #2 _____ #3 _____  |
| 3 | How are premises secured? <input type="checkbox"/> Security fence/gate <input type="checkbox"/> Guard on premises <input type="checkbox"/> Guard dogs<br><input type="checkbox"/> Manager lives on premises <input type="checkbox"/> Other _____ |

**QUESTIONS TO BE ANSWERED BY PRODUCER:**

- Do you know the applicant personally? .....  Yes  No  
If yes, for how long? \_\_\_\_\_
- Do you handle other insurance for applicant? .....  Yes  No
- Do you recommend applicant? .....  Yes  No

**PRIVACY POLICY:** I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures". By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

**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.

**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.

**APPLICANT'S STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRODUCER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER \_\_\_\_\_

**(Applicable to Florida Agents Only.)**

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.