**PERSONAL ARTICLES FLOATER APPLICATION**

Please answer all questions as fully as possible. You are reminded that knowingly concealing or misrepresenting any material fact or circumstance will void any insurance if issued.

1. Name of Applicant and of all members of Household to which this Insurance will apply, giving relationship to each other.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Date of Birth / Age** | **Relationship** | **Occupation** |
|  |  |  |  |
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|  |  |  |  |

1. Residential Address(es):

|  |  |  |  |
| --- | --- | --- | --- |
| 3) | Do you live in:- |  | Private Dwelling House |
|  |  |  | Apartment |
|  |  |  | Condominium |
|  |  |  | Other (describe) |

1. Marital Status of Applicant:  Married  Single

Divorced  Separated

Widowed

1. Has any Insurer ever cancelled or refused any insurance for Applicant or persons named in 1) above ?

Yes  No

If the answer is “Yes” please provide full details

1. Has the Applicant sustained any loss(es) or damage to personal property/articles in the last 3 years ??

Yes  No

If yes give full details:

1. Name of previous Insurance Companies who have insured your personal articles during the last 3 years:

|  |  |  |
| --- | --- | --- |
| **Year** | **Insurer** | **Limits** |
|  |  |  |
|  |  |  |
|  |  |  |

1. Protections at Main Residence:-

ALARM SYSTEM (S)

Maker’s name and description

Type

Rating

Area(s) protected

SAFE (S)

Maker’s name and description

Approximate Weight

Rating or Burglary Class

Area(s) protected

Is/are safe(s):

Firmly fixed to floor  Yes  No

Or attached to the wall  Yes  No

In a hidden secluded area  Yes  No

LIVE IN SERVANT(S)  Yes  No

OTHER PROTECTIONS

1. AMOUNT OF INSURANCE REQUESTED

(a full schedule must be attached for each section where there is more than one item)

A. Jewelry CAD

Split: Ladies Jewelry CAD

Mens Jewelry CAD

Limit of Jewelry requested to be worn at any one time CAD

Amount of Jewelry kept in a locked burglary resistive safe

or safe deposit box or safe deposit vault or bank vault CAD

|  |  |  |
| --- | --- | --- |
| B.  C. | Furs and garments trimmed with fur or consisting principally of fur  Fine Arts | CAD |
|  | located as follows: Excluding Breakage | Including Breakage |
|  | At       CAD | CAD |
|  | At       CAD | CAD |
|  | At       CAD | CAD |
| D. | Musical Instruments and articles of associated equipment, as listed herein | CAD |
| E. | “Silverware”, meaning silverware, silver-platedware, goldware, gold-plated and pewterware | CAD |
| F. | Postage stamps including due, envelope, official revenue, match and medicine stamps, covers, locals, re-prints, essays, proofs and other philatelic property owned by or in custody or control of the Assured, including the books, pages and/or mountings therefore | CAD |
| G. | Rare and current coins, medals, paper money, bank notes, tokens of money and other numismatic property owned by or in custody or control of the Assured, including coin albums, containers, frames, cards and display cabinets in use with such collection | CAD |
| H. | Other (describe) | CAD |

1. IN RESPECT ARTWORK
   1. What is the date of the last appraisal(s)/valuation(s)?       (copies will be required) (Note also Underwriters require for each item an appraisal/re-evaluation at least every three years.)
   2. Is coverage required at any third party’s premises?  Yes  No

If “Yes”, please give full details:

* 1. Is coverage required at for any transits?  Yes  No

If “Yes”, please give full details including territorial limits and anticipated exposures:-

* 1. How is the art work displayed on the walls?

1. IN RESPECT OF JEWELRY/FURS
   1. What is the date of the last appraisal/valuation?       (a copy will be required) (Note also Underwriters require an appraisal/re-evaluation at least every three years.)
   2. Is coverage required while being carried/worn outside

your country of residence?  Yes  No

If “Yes”, please give full details including anticipated number of days:

1. ADDITIONAL INFORMATION IN RESPECT OF CATASTROPHE EXPOSURES for the PREMISES where property insured is situated:-
2. EARTHQUAKE
   1. Date of construction
   2. Type of Construction
   3. Is any part of premises raised on stilts or supports of any kind?  Yes  No
   4. Are foundations sunk into bedrock?  Yes  No
   5. Are Paintings permanently secured to walls?  Yes  No
   6. Are Fragile Articles secured to their display surfaces (i.e. museum wax)?  Yes  No
3. WINSTORM/HAIL in respect of premises situated within the coastal regions:
   1. What is the actual distance from the coastline/shoreline?
   2. Does the premises have professionally fitted storm shutters covering all windows?  Yes  No
4. Is there any other material fact, within your knowledge, regarding this application for insurance, which should be submitted to Insurers for consideration ?  Yes  No

Please give full details:

1. I hereby declare that the above statements and particulars are true and that I have not suppressed or

mis-stated any material facts and I agree that this Application Form shall be the basis of the contract with Underwriters.

Dated

Signature of Applicant