

## Please fax completed applications to 1-800-915-3922 Or E-mail to lindsay@sabalinsurance.com

## **Application for Personal Articles Insurance**

G	ENERAL INFORMAT	ΓΙΟΝ										
Αį	oplicant Name:	Date of Birth:			Occupation:Employer:							
Applicant Name:				Date of Birth:			Occupation:Employer:_					
Pı	rior insurance on any of	Prior Carrier:			Exp Date							
Please indicate the total amount of coverage requested by category:												
#	Property	Limit Requested	#	Property			Limit Requested # Property		Limit Requested			
1	Jewelry	\$	4	Musical Instruments		6		10	Fine Arts			
	Men's	\$		Private Use					Limited Brkg			
	Women's	\$		Professional Use		е			Full Brkg			
	In-Vault	\$	5	Silverware				11	Guns/Firearms			
2	Furs	\$	6	Golfer's Equipment				12	Bicycles			
3	Cameras	\$	7	Golf Carts				13	Miscellaneous			
	Private Use	\$	8	Stamps								
	Professional Use	\$	9	Rare Coins								
Protection Devices: Fire Alarm Burglar Alarm Where are items kept when not being worn:  Dwelling Insurance Carrier:  UNDERWRITING INFORMATION  Is there a safe in the residence? Specify Below: Wall Safe Freestanding Under floor Is the property protected by any other means? Description: Is dwelling used professionally / commercially? Is any professional equipment stored off premises?  Any paid / non-paid caretakers / housekeepers?  Travel for more than 30 days at a time with items?  If apartment or condominium is the unit located on the first floor?  Are items kept away from the listed premises?  Are any items kept outside the USA for more than one month?  Is business conducted on premises?					No Is  No Is  No If t  No An  No An  No An  No An  Ha  Co  Ha  da		Is dwelling located in a gated community?  Is the community patrolled?  If the residence is not a primary, is there a caretaker?  Are any items loaded to museums or on exhibit?  Any jewelry with unset, damaged stones?  Animals on the Premises? Type:  Any in-vault items removed from the vault?  Number of times?  Any articles at a student's dorm or apartment?  Have you or any member of your household been Convicted of arson, dishonesty or theft?  Have you had any previous loss, theft or damage to any scheduled item either claimed o unclaimed? If yes, please explain below.			Yes	No No No No No No No No No	
L	Date Type of	Cause	Cause		Amount		Preventative Measures					
	Date Type of Loss C						Amount Preventative Mea		30169			
Si	Signature of Applicant Date											

Any jewelry items valued \$5,000 and fine arts valued at \$10,000 or greater must have an appraisal. All other items will require a detailed bill or sale, detailed listing on prior policy or verification through copies of catalouges or trade books.