

Card Collection Insurance Application



Fine Art + Collectibles

Berkley Asset Protection

Applicant Details

Name

Address

City/Province/Postal Code

Additional addresses where property is located:

Street	City	Province	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is the collection kept 12" above the floor? Yes No

Summary of insurance/collection (i.e. Sports Cards, Game Cards, etc.):

You will be required to complete an inventory if you decide to move forward with the policy. It is not required for a quote. See **page 3**.

Insurance History

Have you sustained any losses during the past five years? Yes No

Has any insurance policy ever been cancelled? Yes No

If yes, please provide details:

Do you currently have insurance? Yes No

Current carrier: Renewal date:

Do you have existing home insurance? Yes No

Collections

Values	Location 1	Location 2	Location 3	Location 4
Blanket Coverage – (Limit \$2,500 per item)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Scheduled Coverage *	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

*i.e. the total amount of coverage that is needed for items valued at over \$2,500.

Is a duplicate inventory record maintained off-premises? Yes No

Are any objects displayed at other locations? Yes No

Are the cards slabbed?*

***Must be slabbed to qualify under the NFP Card Collection Program.**

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Premises Security

Is the entire structure protected by:	Location 1		Location 2		Location 3		Location 4	
Central Station Burglar and Fire Alarm	Yes	No	Yes	No	Yes	No	Yes	No
Are premises unoccupied for more than three months at a time?	Yes	No	Yes	No	Yes	No	Yes	No
Do you have a UL-rated safe?	Yes	No	Yes	No	Yes	No	Yes	No
Is the home safe connected to burglar alarm above?	Yes	No	Yes	No	Yes	No	Yes	No
Does anyone other than the applicants have the code/key to the safe? If yes, provide details:	Yes	No	Yes	No	Yes	No	Yes	No
Is any part of the collection kept in a bank safety deposit box?	Yes	No	Yes	No	Yes	No	Yes	No

Have you been charged or convicted with any of the following:

Arson

Embezzlement

Robbery/Burglary

Vandalism/Disorderly Conduct

DUI/Drug Abuse

Fraud

Theft

Violent Crime

Answering "Yes" to any of the above items is an automatic decline in offering coverage for the collection.

Perils Excluded

The following excluded peril has been added to the policy terms:

Fading, creasing, denting, scratching, or tearing, thinning, color transfer, changes in or extremes of dampness or dryness of atmosphere or temperature.

Warranty:

It is warranted that all covered property at "your" premises shall be stored on racks, shelves, tables, stillages, or other storage platforms, the storage surface of which is at least twelve inches above the floor level. "Your" failure to comply with this warranty will automatically suspend coverage for loss caused by or resulting from water in the basement or subterranean level.

Applicant Warranty

I understand the information reflected in this application to be true.

Name

Signature

Date

Producer's Name

Producer's Signature

Date



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This page is not required to be completed in order to obtain a quote on your collection.

If you decide to proceed in obtaining a policy, please provide a detailed list of the items and values along with appraisals (if available).

[illegible]