



COLONIAL GENERAL INSURANCE AGENCY

PERSONAL INLAND MARINE POLICY APPLICATION

Applicant's Name: _____
 Spouse/Partner Name: _____
 Mailing Address: _____

Agent Name: _____
 Agent Address: _____

 Agent Code: _____

Proposed effective date: From: _____ To: _____ 12:01 A.M., Standard Time at the mailing address of the applicant.

Location of property (if different from above): _____

Private Dwelling Apartment Condominium Mobile Home Other : _____

If condominium or apartment: Is there security in the area? Yes No

Protection class at location of property: _____

Homeowners Dwelling limit: \$ _____ Personal Property limit: \$ _____

Marital status: _____

Date of Birth: Applicant _____ Spouse/Partner _____
 (attach medical statement per program guide)

Occupation: Applicant _____ Spouse/Partner _____

Property	Amount of Insurance	Property	Amount of Insurance
Jewelry	\$	Postage Stamps	\$
Jewelry in Bank Vault	\$	Rare and Current Coins	\$
Furs	\$	Collectibles	\$
Fine Arts	\$	Bicycles	\$
Musical Instruments	\$	Hearing Instruments	\$
Cameras	\$	Golf Carts and Motorized Ground Maintenance Vehicles	\$
Golfer's Equipment	\$	Contents in Mini Storage/PODS/ Containers (Household goods, no scheduled items, ACV only)	\$
Silverware	\$	Other:	\$
Guns	\$	Other:	\$

Explain all "Yes" responses in Remarks.

1. Any burglar alarms?..... Local Central No
2. Any safes Wall/Floor Free standing Lockbox No

3. Is property located within one mile of a coast? (in applicable states) Yes No
4. What is Wildfire Hazard Group? (in applicable states) Low Moderate High Very High
5. Does applicant travel extensively? Yes No
6. Will any property be exhibited? Yes No
7. Is any property used professionally/commercially? Yes No
8. Are articles stored when not worn? Yes No
9. Any losses in the last three years? Yes No
10. Any company canceled or refused coverage to applicant (not applicable in MO or CA) Yes No
11. Previous insurance carrier (on scheduled items): _____ Expiration date: _____
12. If no previous carrier, explain why: (not applicable in MO or CA) _____

REMARKS:

Provide a detailed description of each item. If additional space is required, please use a separate sheet. Attach all required certified appraisals/bill of sales per guidelines.

Item	Property Description	Purchase/ Appraisal Date	Amount of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$

Complete this section if there is an engagement ring:

Name of ring wearer: _____

Date of Birth: _____ Occupation: _____

Does ring wearer live at above property location address? Yes No

How/where is item stored when not worn: _____

Complete this section if there is property located in Mini Storage/PODS/Containers

1. Ministorage name: _____

Address: _____

Locker number: _____

2. If more than one locker, show property values in each locker below:

No. 1: \$ _____ No. 2: \$ _____ No. 3: \$ _____

3. How are premises secured? (check all that apply) Security fence/gate Guard on premises Guard dogs

Manager lives on premises Other: _____

Complete this section if there are Bicycles, Golf Carts or Motorized Ground Maintenance Vehicles

1. Serial/VIN number(s) required for each item scheduled:
No. 1: _____ No. 2: _____ No. 3: _____
2. How is property secured? (check all that apply) Security fence/gate Garaged Chained
 Other: _____

QUESTIONS TO BE ANSWERED BY PRODUCER:

1. Do you know the applicant personally? Yes No
If yes, for how long? _____
2. Do you handle other insurance for the applicant? Yes No
3. Do you recommend the 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 or another Nationwide insurance company. 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 Nationwide company to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, ME, MD, MN, NE, NJ, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

FRAUD WARNING (APPLICABLE IN ARKANSAS, LOUISIANA AND RHODE ISLAND): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON): It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NEW YORK 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 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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____