

COLLECTIBLES APPLICATION

DIRECT CLIENT SUBMISSION
2 Norfolk Street South, Simcoe, ON N3Y 2V9
T: 1-800-265-8098 F: 519-428-5661
E: ontario@palcanada.com
www.palcanada.com



This policy is not intended for artists displaying their own work

Name of Insured: _____

(Policy holder must be the owner/purchaser of the item. If the item is a gift, then the recipient should be named on the policy.)

**Date of Birth (Required Field): _____

Address of Insured including City/Province: _____

Postal Code: _____ Telephone: _____

Email Address: _____

Occupation (Required Field): _____

Name of Spouse/Fiancee: _____

Date of Birth (Required Field): _____ Occupation (Required Field): _____

Criminal Convictions: Yes No

If Yes, please describe the type of conviction: _____

Period of Insurance: From: _____ (12:01 am) To: _____ (12:01 am)

Do you maintain a full inventory for the Collection you wish to insure? Yes No

NOTE: An Inventory List including evaluations, invoices, appraisal or other pertinent documentation will be required in order to obtain a quote.

If No, how would you quantify a loss? _____

INSURED MUST PROVE VALUES IN THE EVENT OF A LOSS OR PAYMENT WILL BE ACTUAL CASH VALUE

Home address of where the article is normally kept overnight or not being worn

At named insured address above: Yes No

Risk Location Address: _____

(Theft cover from home address is restricted to physical evidence of violent and forcible entry into or exit from, the home)

PROTECTION (CHECK ALL THAT APPLY) APPLIES TO RISK LOCATION. MUST BE COMPLETED.

Fire Alarm System Monitored Local Police/Guard Response Cell Backup/Digital Resp.

Burglary Alarm System Monitored Local Police/Guard Response Cell Backup/Digital Resp.

Bars on Doors/Windows Contacts on Windows Smoke Detectors Sprinklered

Distance to Hydrant _____ Distance to Fire Hall _____ Safe: Yes No Class _____ Safe type: Fire

OTHER SAFETY MEASURES

Are you presently insured? Yes No

If yes, what company?*(enter "none" if answer is no): _____

Policy Number* (enter "none" if you do not have a policy number) _____

Expiry Date: _____ Current Annual Premium: _____

Years in Business: _____ Type of Business (Individual, Corporation, Partnership or Other): _____

Describe the major business activities of the organization: _____

LOSS RECORD (Answer Required – must be completed – if no claims – enter NO)

List all related claims for the past five (5) years, including self-insured or non-insured claims:

Date of Loss	Type of Loss	Amount Paid

Further details of any claims greater than \$1,000.00 may be required. Please also indicate if there has been any jewellery claims within the last 5 years.

EXHIBITOR LIABILITY

Do you require liability coverage while goods are on exhibit? Yes No

If Yes, please provide details: _____

Limit of Liability: \$1,000,000 \$2,000,000

Coverage required while in Transit? Yes No

Details: _____

*Additional insured: _____

*Additional insured with respect to liability under the Exhibitor section

EXHIBITOR OR EXHIBITION REQUIREMENTS (CHECKLIST-PLEASE CHECK TO INDICATE YOU AGREE)

- All Jewellery etc, must be kept within lockable showcases and no items to be left on display.
- If overnight cover is to be included at the exhibition, the exhibition must have in force either patrolling 24 hour guards or all goods must be kept in a suitable locked safe in an alarmed area. Other items must be kept in an alarmed area.

COVERAGE INFORMATION (LIST OF ITEMS, INVENTORY, APPRAISAL MUST BE PROVIDED FOR A QUOTE)

Please estimate the value of the items you want to insure:

Antiques <i>(require details of items)</i>	\$	Ornaments	\$
Autographs/Manuscripts	\$	Paper Collectibles	\$
Books	\$	Postcards	\$
Bottles/Glass/Crystal	\$	Posters	\$
Ceramics/China	\$	Prints/Pictures/Paintings/Art Work/Sketches <i>(etc.)</i>	\$
Clothing/Textiles	\$	Records/CD's	\$
Comics	\$	Sports Memorabilia	\$
Coin Collections	\$	Stamps/Postal History	\$
Dolls	\$	Statues and Sculptures of a Non-Fragile Nature / Precious Items of non-metals or wood	\$
Furniture	\$	Porcelain/Pottery/Glass/Jade <i>(or other items of a brittle nature)</i>	\$
Furs	\$	Toys	\$
Jewellery <i>(appraisal required)</i>	\$	Trading Cards	\$
Limited Edition Collectibles	\$	Wine	\$
Medals	\$	Movie/TV Memorabilia	\$
Military Memorabilia	\$	Other	\$
Model Trains/Cars	\$	Other	\$
Musical Instruments	\$	Other	\$

Any ONE article over \$40,000 please describe:

Note: Valuations on jewellery are required prior to obtaining a quote so value is accurate. If novaluation is available please provide a copy of the purchase receipt (must be purchased in the last 3 years)

Inventory list and/or detailed descriptions are required subject to type of items to be insured. Inventory list will be required prior to quoting. (THIS IS A REQUIREMENT!)

Application must be signed by the insured prior to binding as it forms a part of the policy.

APPLICANT NAME: _____

Address: _____

City, Province: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Signature: _____