

**SURPLUS & EXCESS LINES, LTD.**  
*Serving Delaware, Maryland, Pennsylvania, Virginia*

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 302-653-5016 800-421-1515 Fax: 302-653-1665  
 www.surplus-excesslines.com

**Personal Inland Marine Policy Application**

Applicant's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 Permanent Address \_\_\_\_\_

Agent Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Agent Code \_\_\_\_\_

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

Private Dwelling  Apartment  Condominium  Mobile Home  Other: \_\_\_\_\_  
 (Describe)

How long have you lived at permanent address? \_\_\_\_\_

Protection class at permanent address: \_\_\_\_\_

Occupation of all members of household (describe in detail): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Number of years at present occupation: \_\_\_\_\_

Does applicant travel extensively?.....  Yes  No

Provide details: \_\_\_\_\_

Date of birth (attach medical statement if over 75): \_\_\_\_\_ Marital status: \_\_\_\_\_

**COVERAGES**

#	Property	Amount of Insurance
1	Jewelry*	
2	Jewelry in Vault	
3	Furs	
4	Fine Arts	
5	Cameras	
6	Musical Instruments	
7	Silverware	
8	Contents-in-Mini Storage	
9	Describe Other:	

**\*If engagement ring, wearer's information:**

Name of person: \_\_\_\_\_

How stored when not worn: \_\_\_\_\_

Occupation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Additional Rating Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Explain all "Yes" responses in Remarks.**

1. Any burglar alarms? .....  Yes  No  
 If yes: .....  Local  Central
2. Any safes? .....  Yes  No  
 If yes: Type and location: \_\_\_\_\_
3. If condominium or apartment, any security in area? .....  Yes  No
4. Is property located within one mile of a coast? .....  Yes  No
5. Will any property be exhibited? .....  Yes  No
6. Is any property used professionally/commercially? .....  Yes  No
7. Are articles stored when not worn? .....  Yes  No  
 If yes: Where? \_\_\_\_\_
8. Any other insurance with this company? .....  Yes  No
9. Did any loss occur during the last three years? .....  Yes  No  
 If yes, give details: \_\_\_\_\_
10. Has any company canceled or refused coverage to the applicant (not applicable to Missouri or California)? .....  Yes  No

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Previous insurance carrier (on scheduled items): \_\_\_\_\_  
 Policy number: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
 If no previous carrier, why (not applicable in Missouri or California)? \_\_\_\_\_  
 \_\_\_\_\_

12. Name of insurance company writing Homeowners: \_\_\_\_\_  
 Dwelling limit: \_\_\_\_\_ Personal Property limit: \_\_\_\_\_

#	Provide a detailed description of each item, from whom purchased, etc. If additional space is required, please use a separate sheet. Be sure to attach all required appraisals/bills. If any item of jewelry is over \$25,000, please attach certified independent appraiser's report.	Purchase/ Appraisal Date	Amount of Insurance
1			
2			
3			

4			
5			
6			

**Complete this section if there is property located in a ministorage warehouse.**

1. Ministorage name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Locker number: \_\_\_\_\_

2. If more than one locker, show property values in each locker below:  
 #1: \_\_\_\_\_ #2: \_\_\_\_\_ #3: \_\_\_\_\_

3. How are premises secured?  Security fence/gate  Guard on premises  Guard dogs  
 Manager lives on premises  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 and/or other members of the Scottsdale group of insurance companies. 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 company within the Scottsdale group 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.

**FRAUD WARNING (APPLICABLE IN TENNESSEE 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.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:** 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 STATEMENT:** I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Applicable in Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_