



Personal Inland Marine Application (01/2008)

_____ New _____ Renewal - Prior Policy# _____ Requested Effective Date _____

A. Applicant Information (List all members of household to which this insurance applies)

Applicant	DOB	Occupation	Employer/Position	Relation to Insured

Mailing Address: _____

Residence Address: _____

B. Please indicate the total amount of coverage required by category and provide itemized schedule:

#	PROPERTY	LIMIT REQUESTED	#	PROPERTY	LIMIT REQUESTED	#	PROPERTY	LIMIT REQUESTED
1.	Jewelry:		4.	Musical Instruments (Personal Use Only)	\$	10.	Guns/Firearms	\$
	Men's	\$	5.	Silverware	\$	11.	Bicycles	\$
	Women's	\$	6.	Golfer's Equipment	\$	12.	Fine Arts	
	In-Vault	\$	7.	Golf Carts	\$		Limited Breakage	\$
2.	Furs	\$	8.	Stamps	\$		Full Breakage	\$
3.	Camera's	\$	9.	Rare Coins	\$			

C. Location of Property Description:

1. Construction: () Masonry () Frame 2. Year Built: _____ 3. Protection Class: _____ 4. Feet from Hydrant: _____
 5. Miles to Fire Station: _____ 6. Square Footage: _____ 7. Occupancy: () Primary () Secondary () Rental
 8. # of Occupants _____ 9. Dwelling Insurance Carrier: _____
 10. Dwelling Coverage A Limit _____

D. Additional Rating Information:

	Y	N		Y	N
Central Station Alarm System? () Fire () Burglar			Dwelling within 1 mile of coast?		
Any Motion Sensors?			Dwelling Protected by Storm Shutters?		
Cellphone Backup (line security)?			Is property an apartment or condominium?		
Do dead bolt locks protect all exterior doors?			What floor does the insured reside?		
Is there a safe in the residence? Specify below: () Wall Safe () Freestanding () Under Floor () Other			Are the items kept away from the listed premises?		
Is property protected by any other means? Specify Below:			Is the insured property worn/carried solely by Insured? If not, state by whom?		
24 Hour Security Guard?			Any articles at student's dorm/apartment? Item: Value?		
Surveillance Camera's?			Any items loaned to museums or on exhibit?		
Other? (describe)			Any jewelry with unset, damaged stones?		
Is dwelling used professionally/commercially?			Any in-value items removed from the vault? # of times? _____ # of days at a time? _____		
Any paid/non-paid caretakers/housekeepers?			Have you or any member of the household: Been convicted of arson, dishonesty, theft?		
Travel for more than 30 days at a time? With any items?			Scheduled coverage cancelled or denied?		
Dwelling up for sale or vacant?			Are the insured(s) considered high profile? ie: Actor, Professional Athlete, TV Personality, etc...		



Personal Inland Marine Application (CONT'D)

E. Claim History

Three Year Loss History - Must be completed with full cause/description if applicable.

DATE OF LOSS	TYPE OF LOSS	CAUSE/DESCRIPTION	AMOUNT

F. Questions to be answered by producing agent:

1. Do you know the Insured Personally? _____ If Yes, how long? _____
2. Did you receive this order direct from the Insured? _____
3. Do you handle other insurance for the Insured? _____
4. Does JHA write other insurance for Applicant? _____ Carrier? _____ Policy # _____
5. Do you recommend Insured? _____

Signature of Agent: _____ **Print Name:** _____ **Date:** _____

Agency Information:

Name: _____

Address/City/State/Zip _____

Phone: _____ **Fax:** _____ **Email:** _____

This is an application only and does not constitute a binder of insurance or in any way bind us to obtain the coverage requested. No coverage is afforded unless and until a policy or formal written binder of insurance is issued. Personal information about you may be collected from persons other than you. Such information as well as other personal and privileged information collected by us or your agent may in certain circumstances be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request.

G. Applicant

Is there any other material fact within your knowledge regarding this application for Insurance which should be submitted to the Insurer's for consideration? _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, DECEIVE ANY INSURER, FILES A STATEMENT OF CLAIM OR APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE

THIS APPLICATION WILL FORM A PART OF ANY POLICY TO BE ISSUED AND MUST BE SIGNED AND DATED BY THE INSURED AND AGENT PRIOR TO BINDING ANY COVERAGE.

Applicant Statement: With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

SIGNATURE OF INSURED: _____ **DATE:** _____

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