



# Boston Insurance Specialists, Inc.

800 South Main Street, Suite 101, Mansfield, MA 02048

Phone: 800.784.1887, Fax: 508.337.3698

## Personal Inland Marine Supplemental Application (for attachment to a Homeowner's Application)

Applicant \_\_\_\_\_

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

If so, # of weeks per year? \_\_\_\_\_

Where if outside of the United States? \_\_\_\_\_

### Coverages:

| #                              | Property            | Amount of Ins. | Rate | Premium | #   | Property           | Amount of Ins. | Rate  | Premium |
|--------------------------------|---------------------|----------------|------|---------|-----|--------------------|----------------|-------|---------|
| 1.                             | Jewelry             |                |      |         | 8.  | Stamps             |                |       |         |
| 2.                             | Jewelry In Vault    |                |      |         | 9.  | Coins              |                |       |         |
| 3.                             | Furs                |                |      |         | 10. | Golfer's Equipment |                |       |         |
| 4.                             | Fine Arts           |                |      |         | 11. |                    |                |       |         |
| 5.                             | Cameras             |                |      |         | 12. |                    |                |       |         |
| 6.                             | Silverware          |                |      |         | 13. |                    |                |       |         |
| 7.                             | Musical Instruments |                |      |         | 14. |                    |                |       |         |
| Additional Rating Information: |                     |                |      |         |     |                    |                | Total | \$      |

### General Information:

| #        | Explain all "Yes" Responses in Remarks | Yes                      | No                       | #  | Explain all "Yes" Responses in Remarks                 | Yes                      | No                       |
|----------|--|--------------------------|--------------------------|----|--|--------------------------|--------------------------|
| 1.       | Safes? Type and location?              | <input type="checkbox"/> | <input type="checkbox"/> | 3. | Is any property used professionally/commercially?      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.       | Will any Property be exhibited?        | <input type="checkbox"/> | <input type="checkbox"/> | 4. | Do you know the applicant personally? If so, how long? | <input type="checkbox"/> | <input type="checkbox"/> |
|          |  |                          |                          | 5. | Are any items held for sale?                           | <input type="checkbox"/> | <input type="checkbox"/> |
| Remarks: |  |                          |                          |    |  |                          |                          |

Prior Carrier for scheduled items: \_\_\_\_\_



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## Schedule of Property:

| # | 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 is over \$25,000, please attach certified independent appraiser's report. | Purchase/Appraisal Date | Amount Of Ins. |
|---|---|-------------------------|----------------|
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### 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.

### 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.

### 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.

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

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

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only)*