

VAN WAGONER COMPANIES
1134 COMMERCE DRIVE
RICHARDSON, TX 75081
1-800-727-9999
FAX: 972-331-6599

PERSONAL ARTICLES APPLICATION

1. Name of Applicant and of all members of household to which this Insurance applies, giving relationship to each other.

_____ SS# _____ DOB _____
_____ SS# _____ DOB _____

2. Residential Address. _____

City _____ County _____ State _____

Year Built _____ Construction _____ Home Fire and Burglary Alarm System _____
Connected to Alarm Company _____ Name of Company _____
Home Safe _____ Installed or Free Standing _____
If free standing: Are wheels removed _____ Weight _____

3. Occupation of all members of household:

4. Business Address _____

5. Is Applicant or any member of his/her family/household in any way connected with the theatrical or entertaining profession? _____

6. Has Applicant sustained any Loss or Losses during the past three years, which would have been covered under this form of Insurance if the Applicant had carried such a Policy?

7. If so, state when such Losses occurred. _____

8. Was Insurance carried? _____

9. If so, state company insuring same. _____

10. State fully circumstances and amount of Loss or Losses. _____

11. Has Lloyd's or any Company ever cancelled Insurance for Applicant or Husband or Wife of Applicant? _____

Has any such Insurance ever been refused? _____

12. If so, give full particulars. _____

13. Is the property worn or carried solely by Assured? _____

If not, please state by whom. _____

14. If any of the property is worn or carried by other than the Applicant, are any of them engaged in professional, mercantile or business _____

If so, give full particulars. _____

15. If Husband and/or Wife are Applicants, do they reside together?

16. If unemployed, state source of income. _____

18. For what amount do you propose to take out Policy?(Insurance must be for full value; if a valued Policy is desired a complete list of articles to be insured with values against each must be furnished with this application, such valuation to be made and signed by a qualified value). If unable to list all articles please complete a schedule of items, value and classification.

19. Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration? _____

QUESTIONS TO BE ANSWERED BY BROKERS

1. Do you know the Applicant personally? _____

If so, for how long? _____

2. Do you receive the order direct from the Applicant? _____

3. Do you handle other Insurance for Applicant? _____

4. Do you recommend Applicant? _____

Signature of Agent _____

Name _____

Address _____ City _____

State _____ Zip _____

POLICY RESTRICTIONS

THIS POLICY CONTAINS THE FOLLOWING MAJOR LIMITATIONS AND EXCLUSIONS.
PLEASE READ CAREFULLY BEFORE SIGNING.

1. PREMIUM IS 25% FULLY EARNED.
2. NO CRIME COVERAGE IN NON-HIGH SECURITY APARTMENTS.
3. NO COVERAGE FOR MYSTERIOUS DISAPPEARANCE.
4. MINIMUM PREMIUM IS \$250.00.
5. ALL ITEMS MUST HAVE AN ACCEPTABLE APPRAISAL BY A NOTED JEWELER, GEMOLOGIST OR COPY OF BILL OF SALE. (DEALER APPRAISALS NOT ACCEPTED.)
6. WE MUST HAVE A PHOTOGRAPH OF EACH ITEM LISTED.
7. ALL WATCHES TO BE SCHEDULED AND MUST INCLUDE SERIAL NUMBER IN DESCRIPTION.
8. ALL OTHER JEWELRY ITEMS WITH STONES, MUST HAVE APPRAISALS THAT INCLUDE THE CUT, COLOR, CLARITY, GRADE, AND SIZE OF THE STONES.
9. THIS POLICY EXCLUDES ALL LOSSES FROM BAGGAGE UNLESS IN THE HAND OF OR UNDER THE PERSONAL SUPERVISION OF THE INSURED OR IMMEDIATE FAMILY OF THE INSURED.
10. THIS POLICY EXCLUDES LOSS OF, DAMAGE TO, ALL ITEMS WHILE ON THE PREMISES OF HOTELS OR MOTELS. UNLESS THE SAID ITEMS ARE BEING WORN BY THE INSURED, OR IS IN A LOCKED SAFE OR VAULT.
11. IT IS MUTUALLY UNDERSTOOD AND AGREED THAT WHEN THE SCHEDULED JEWELRY IS NOT BEING WORN, IT MUST BE LOCKED IN A SAFE INSTALLED INTO THE FLOOR OR WALL. IF IT IS A FREE STANDING SAFE, THE WHEELS MUST BE OFF. THE SAFE MUST WEIGHT AT LEAST 200 POUNDS.
12. IT IS MUTUALLY UNDERSTOOD AND AGREED THAT WHEN THE SCHEDULED ITEMS TOTAL VALUE IS \$25,000 OR GREATER A MONITORED ALARMS SYSTEM IS REQUIRED.

"SPECIAL NOTICE:" AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

THE APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED BY THE UNDERWRITER(S).

DATE _____ SIGNATURE OF INSURED _____

THIS PAGE MUST BE SINGED AND SUBMITTED WITH THE APPLICATION PRIOR TO ANY BINDING OF COVERAGE.