



**DECOTIS**  
SPECIALTY INSURANCE

# PERSONAL INLAND MARINE APPLICATION FORM

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

Employer: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insured Location: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Producer Name: \_\_\_\_\_ Email: \_\_\_\_\_

Surplus Lines License #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Prior Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Expiration Premium: \_\_\_\_\_ Effective Date of this policy: \_\_\_\_\_

Within the last 5 years has the applicant had a: Foreclosure      Bankruptcy      Repossession

If prior carrier non-renewed, why? (Missouri applicants need not reply): \_\_\_\_\_

If insured has not carried insurance in the last 12 months please explain why: \_\_\_\_\_

Has schedule coverage ever been canceled or denied? If yes, please explain. (Missouri applicants need not reply): \_\_\_\_\_

Additional Insured: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

**PLEASE INDICATE THE AMOUNT OF COVERAGE REQUESTED BY CATEGORY:**

#	PROPERTY	LIMIT REQUESTED	#	PROPERTY	LIMITED REQUESTED	#	PROPERTY	LIMIT REQUESTED
1	Jewelry		4	Musical Instruments		10	Fine Arts	
	Men's			Private Use			Limited Brkg	
	Women's			Professional Use			Full Brkg	
	In-Vault		5	Silverware		11	Guns/Firearms	
2	Furs		6	Golfer's Equipment		12	Bicycles	
3	Camera		7	Golf Carts		13	Misc.	
	Private Use		8	Stamps				
	Professional Use		9	Rare Coins				

## DWELLING INFORMATION

County: \_\_\_\_\_ Territory #: \_\_\_\_\_ Protection Class: \_\_\_\_\_

*(if PC 9 & 10 please use supplemental application)*

Construction Type: Frame Stucco EIFS Brick Stone Masonry Superior

Occupancy: Primary Secondary

Year Built: \_\_\_\_\_

Type of Roof: Comp  Metal  Shake  Tile  Slate  Other: \_\_\_\_\_

How long has the insured lived in the home: \_\_\_\_\_

Foundation Type: Concrete Slab Concrete Block Pilings/Stilts

Is dwelling within 1 mile of the seacoast: Yes  No  If yes, are there storm shutters: Yes  No

Protective Devices: Fire Alarm Burglar Alarm Motion Detector Smoke Detector Deadbolts Interior Sprinklers

Dwelling Insurance Carrier: \_\_\_\_\_ Coverage A Limit \$ \_\_\_\_\_

Have you been told or are you otherwise aware of the use of Chinese Drywall in the dwelling or any other structure on the premises? Yes  No

Is there any odor of sulfur in the dwelling, any corrosion of any personal property, wiring, or any heating, ventilation or air conditioning system? Yes  No

## UNDERWRITING INFORMATION

Is there a safe in the residence? Specify:

Wall Safe Freestanding Under floor

Is the property protected by any other means?

Description \_\_\_\_\_

Is dwelling used professionally / commercially?

Dwelling / Unit within Downtown City Limits?

Is any professional equipment stored off premises?

Any paid / non-paid caretakers / housekeepers?

Travel for more than 30 days at a time with items?

If apartment or condominium is the unit located on the first floor?

Are items kept away from the listed premises?

Are any items kept outside the USA for more than one month?

Are any items worn by anyone besides a household member?

Any articles at a student's dorm or apartment?

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Yes  No

Is dwelling located in a gated community?

Yes  No

Is the community patrolled?

Yes  No

If the residence is not a primary, is there a caretaker?

Yes  No

Are any items loaded to museums or on exhibit?

Yes  No

Any jewelry with unset, damaged stones?

Yes  No

Any in-vault items removed from the vault?

Yes  No

Number of times: \_\_\_\_\_

Have you or any member of your household been

Yes  No

Convicted of arson, dishonesty or theft?

Animals on the Premises?

Yes  No

Type:

Has any of the property been previously damaged?

Yes  No

If yes, please describe in the loss history section of the application.

Is business conducted on premises? Yes  No  Is there a wood stove on premises Yes  No

Has anyone with financial interest in the property been convicted of arson, fraud, or other crime related to a loss on the property now or within the last 5 years? Yes  No  Is the home undergoing any self construction or remodeling? Yes  No

If yes, please explain:

Have you had any previous loss, theft or damage to any scheduled item either claimed or unclaimed? Yes  No  Have you attempted to sell within the past year or intend to sell any of the scheduled items? Yes  No

If yes, please explain:

If yes, please explain:

**LOSS HISTORY -MUST BE FILLED OUT COMPLETELY**

DATE:	TYPE OF LOSS	CAUSE	AMOUNT	PREVENTATIVE MEASURES

Additional information/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTICE TO APPLICANTS:** 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 act, which is a crime and may subject such person to criminal and civil penalties.

**NOTICE TO ARKANSAS, NEW MEXICO AND WEST VIRGINIA APPLICANTS:** any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** it is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory authorities

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** Warning: it is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any

insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Warning: any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony (365:15-1-10, 36 §3613.1).

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS:** 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.

**NOTICE TO VERMONT APPLICANTS:** 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 act, which may be a crime and may subject such person to criminal and civil penalties.

Producer's signature: \_\_\_\_\_ DATE: \_\_\_\_\_

*Applicant's Statement: The undersigned applicant declares that if the information supplied on this application changes between the date of this application and the time when the insurance policy is issued, the applicant will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorizations or agreement to bind this insurance.*

*The undersigned applicant further declares that I have read and understand the entire application including the applicable fraud warning, if any, and that the statements set forth in this application are true and complete.*

Applicant's signature: \_\_\_\_\_ DATE: \_\_\_\_\_