

Company Name

Personal Inland Marine Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
 Company Address
 City, State, Zip
 Tel. (555) 555-5555
 Fax (555) 555-5555
 www.domain.com

* Denotes Required Field

Personal Information

*Name:
 *Address:
 *City: *State: *Zip Code:
 *Day Phone: *Evening Phone: Ex: 920-111-2222
 Best Time to Call:
 *E-Mail Address:
 *Confirm E-Mail Address:

Applicant Location Information

Location of Property (if different from above): Dwelling Type(s): Construction Type(s): # of Families (in each):

Additional Location

Other:

Coverages

(Please indicate additional property that is not listed in boxes 10-14)

#	Property	Amount of Insurance	#	Property	Amount of Insurance
1	Jewelry	\$	8	Coins	\$
2	Furs	\$	9	Golfer's Equipment	\$
3	Fine Arts	\$	10		\$
4	Cameras	\$	11		\$
5	Musical Instruments	\$	12		\$
6	Silverware	\$	13		\$
7	Stamps	\$	14		\$

Unattended Car Coverage (Stamps/Coins)

Actual Cash Value Loss Settlement

Broad Form Pair & Set Coverage

Replacement Cost Loss Settlement

Non-Mobile Organ Coverage

Breakage Coverage (*On Schedule)

Safe Credit (Identify Property, Safe Class, etc.)

Blanket Coverage

Additional Comments:

General Information

(Explain all "Yes" responses in remarks section)

- 1. Any protective devices/systems in use?
- 2. Will any property be exhibited?
- 3. Will any special restrictions/endorsements apply?
- 4. Will any type of deductible apply?
- 5. Is any property used professionally/commercially?
- 6. Any other insurance with this company?
- 7. Did any loss occur during the last 3 years?
- 8. Any coverage declined, cancelled, or non-renewed during the last 3 years?
(not applicable in MO)

Prior Insuror & Policy Number:

Remarks:

Schedule of Property

(Provide a detailed description of each item, from whom it was purchased, etc. Be sure to forward all required appraisals/bills)

#	Description	Purchase/Appraisal Date <i>Ex. 01/15/2007</i>	Amount of Insurance
1			\$
2			\$
3			\$
4			\$
5			\$
6			\$
7			\$

8	\$
9	\$
10	\$
11	\$
12	\$
13	\$
14	\$
15	\$

Please use the "Additional Comments" section below for any additional entries

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above; please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. I hereby authorize the agency to obtain motor vehicle reports, loss reports and credit reports about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties. I authorize the agency to obtain a motor vehicle and driving record about me on an ongoing basis during this quotation and policy period and to check my motor vehicle and driving record on an ongoing basis during the term of the quotation and policy period.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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