

# Collectors / Shooting Sportsman Insurance Application

## Core-Vens Insurance

Name:		DOB:		SSN:			
Mailing Address:							
City:		State:		Zip:			
Phone:		Fax:		Email			
Desired Effective Date of Policy: ___ ___ / ___ ___ / ___ ___							
<b>List ALL Locations to be Covered</b>							
<b>LOCATION</b>				<b>% Of Collection at this Location</b>			
#1							
#2							
<b>PROTECTIVE SAFE GUARDS</b>				<b>Location 1</b>		<b>Location 2</b>	
				<b>YES</b>	<b>NO</b>	<b>YES</b>	<b>NO</b>
1. Is Your Collection Kept in a Safe and/or Vault?							
2. Do You Have a Central Station Fire and/or Burglar Alarm?							
3. Has Any Company Cancelled or Refused to Renew Insurance on Your Collectibles?							
4. Have you Suffered a Collectible Loss in the Past 5 Years?							
5. Have you submitted a claim for damages against your homeowners policy within the past 5 years?							
6. Has your homeowners policy been cancelled or non-renewed within the past 5 years?							
<i>If You Answered Yes to Questions 1 and or 2, Please Provide Safe Details and/or Alarm Certificate:</i>							
<i>If You Answered Yes to Questions 3, 4, 5 and/or 6, Please Explain in the Space Provided:</i>							
List Any Associations Where You Hold Membership (i.e. CADA, Colt Collectors Assoc., Dallas Safari Club )							
List Your Desired On Premises Limit of Insurance \$ _____							
Please Choose A Deductible		_____ \$1000		_____ \$2000		_____ \$5000	
-----Please Give Us A Percentage Estimation of Your Gun Collection-----							
Handguns _____%		Rifles _____%		Shotguns _____%		Gun Accessories _____%	
<b>Please Provide a Description of Any Guns Valued Over \$10,000 in Your Collection</b> Attach Additional Sheets if Necessary							
<b>Description</b>				<b>Value</b>			
1)				\$			
2)				\$			
3)				\$			

### Special Territorial Underwriting requirements

Coverage is not available for insured property on keys, barrier islands, or located 0-5 miles of the coast.

- Special Coastal Windstorm Underwriting Program:
  - 5-15 miles of coast. No frame construction permitted. Plus:
  - If Florida = 5% wind deductible.
  - If Gulf of Mexico (excluding Florida) =2% wind deductible or \$1,000 property deductible
  - If 2% wind deductible form not available in applicable state.
  - If Atlantic coastline, Georgia to Virginia = 2% wind deductible.
- Program not available in: Hawaii, Alaska, Puerto Rico, or outside of the United States.

### **Fraud Statements**

(Applicable in all jurisdictions, except for separate jurisdiction statements below)

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 AND SUBJECTS THE PERSON TO CRIMINAL AND (NEW YORK: SUBSTANTIAL) CIVIL PENALTIES. IN THE DISTRICT OF COLUMBIA, LOUISIANA, MAINE AND VIRGINIA, INSURANCE BENEFITS MAY ALSO BE DENIED.

<b>COLORADO</b>	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 POLICY HOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICY HOLDER 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 AGENCIES.
<b>HAWAII</b>	FOR YOUR PROTECTION, HAWAII LAW REQUIRES YOU TO BE INFORMED THAT PRESENTING A FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT IS A CRIME PUNISHABLE BY FINES OR IMPRISONMENT, OR BOTH.
<b>OHIO</b>	ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE/SHE 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.
<b>OKLAHOMA</b>	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.

I understand this policy covers my personal gun collection (guns & gun accessories). I understand there is no coverage for a loss that occurs to collectible guns that are part of a dealers stock.

I understand that if a policy is issued, it is based on the information contained in this application, including the type of collectibles to be insured.

DATE: \_\_\_\_\_ Signature: \_\_\_\_\_

- Please sign the above application.
- My signature on this application allows Core-Vens Insurance, if they should choose, to check my Insurance Score through Choicepoint.
- Please make check or money order payable to: Core-Vens Insurance, P O Box 1028, Clinton, IA 52733-1028

Toll Free: 800-796-9907

Fax: 563-242-5242

Email: [guninsurance@corevens.com](mailto:guninsurance@corevens.com)

[www.corevensguninsurance.com](http://www.corevensguninsurance.com)