



Fine Firearms Insurance Program
Dealers Application

Core-Vens Insurance

PO Box 1028

Clinton, IA 52733-1028

800.796.9907 Office

563.242.5242 Fax

tim.hartsock@corevens.com

<http://www.corevensguninsurance.com>

Name of applicant _____

Contact Person _____ Phone _____

Mailing Address _____ Cell _____

_____ Fax _____

email address _____

website _____

Effective Date Requested ____ - ____ - ____

Location Address: 1. _____

2. _____

Protective Safeguards:	Location 1		Location 2	
Central Station Fire / Burglar Alarm	Y	N	Y	N
Automatic Fire Detection / Suppression System	Y	N	Y	N
Do you keep your inventory in a Vault or Safe	Y	N	____%	Y N ____%

Please give us description of your safe or vault, ie. Brand, Size, lock type, Year of Mfg., Permanent or movable, construction material, Fire rating, Burglar Rating.

Location 1: _____

Location 2 _____

Do you have bars or roll ups on building doors Y N Y N

Do you have bars or roll ups on building windows Y N Y N

Are you open to the public ____ by appointment only ____

Are you inside the city Limits Y N How far to the nearest fire department ____ miles

Is the fire department full time ____ volunteer ____ Do you operate out of your home? Y N

Is your business located in a commercial area ____ or residential area ____

Length of time in gun business _____

Are you a member of any associations, ie CADA, COLT Collectors Assoc, etc.

Do you set up for sale or display at gun shows Y N

Please list show attended:

Do you ship firearms Y N Method of shipment _____

Do you sell items other than guns? Y N Please describe _____

Do you understand that your insurable inventory must be insured up to 80% of its Fair Market Value to avoid any coinsurance penalties? Y N

COVERGE LIMITS:

On Premises Limit _____ Deductible 2500 ___ 5000 ___ 10,000 ___ Other _____

All Other Location Limit _____ Deductible 2500 ___ 5000 ___

Transit / Shipping Limit _____ Deductible 1000 ___ 2500 ___ 5000 ___

What percentage of you inventory is: Antique Guns ___ C&R Guns ___ High End Long Guns ___

Modern Guns ___ Antique & Collectible Gun Accessories _____

Misc Items _____ describe _____

In the past 5 years have you experienced any gun insurance losses: Y N

Explain _____

How did you hear about us? _____

Documents Needed: Alarm Certificate (if applicable) - Please fax to 563.242.5242

I understand that the above statements are true, complete and accurate, as of this date. I understand that this application does not bind the company to issue, nor the applicant to purchase this insurance. I declare that I have not intentionally withheld any material facts that might influence the insurance company to provide insurance requested by this application. I understand this application is for information purposes only and that the actual coverage provided is subject to the terms, conditions and exclusions of the policies as issued.

Name of Applicant _____

Signature of Applicant _____ Date _____