

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 _____

County _____

E-mail address _____

Website _____

Effective Date Requested ____ - ____ - ____

Location Address:

1. _____

2. _____

Protective Safeguards	Location 1		Location 2	
	Y	N	Y	N
Central Station Fire / Burglar Alarm (PROVIDE AN ALARM CERTIFICATE...FAX TO 563-242-5242)	Y	N	Y	N
Automatic Fire Detection / Suppression System	Y	N	Y	N

Percentage of your inventory kept in a safe? _____

Percentage is kept in a vault? _____

Please give us a description of your safe or vault, i.e.
Brand, Size, Lock Type, Year of Mfg., Permanent or Movable,
Construction Material, Fire Rating, Burglar Rating

Location 1: _____

Location 2: _____

Construction material of your building(s):

Frame ___ Block ___ Masonry ___ Steel ___ Frame/Masonry ___

Roofing material of your location(s): _____

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? _____ Are you open by appointment only? _____

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? _____ Are you open by appointment only? _____

Are you inside the city Limits? Y N

How far to the nearest fire department (in 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? _____ Residential area? _____

Length of time in gun business _____

Are you a member of any associations, i.e., CADA, COLT Collectors Assoc., etc.?

Do you set up for sale and/or display at gun shows? Y N
Please list show(s) attended:

Do you ship firearms? Y N Method of shipment _____

Do you sell items other than guns that need to be insured? Y N Please describe _____

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

COVERAGE LIMITS

On Premises Limit _____ Deductible 2,500 ___ 5,000 ___ 10,000 ___ Other ___

All Other Locations Limit _____ Deductible 2,500 ___ 5,000 ___

Transit / Shipping Limit _____ Deductible 1,000 ___ 2,500 ___ 5,000 ___

What percentage (%) of your inventory is made up of:
Antique Guns _____ Curios & Relics _____ 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 _____

In the past 5 years have you had a bankruptcy, tax lien, gone into receivership? 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 policy as issued.

Name of Applicant _____

Signature of Applicant _____ Date _____