



PERSONAL ARTICLES FLOATER APPLICATION

Submit Description of Items Including Values with this Application

- 01) Name(s) of Applicant(s) _____
- 02) Marital Status: (please circle) Married Single Divorced Separated Widowed
- 03) Age(s): _____
- 04) a) Occupation of All Applicants : _____
b) Number of Years in Present Occupation: _____
c) Source of Income if No Occupation or Retired: _____
- 05) Any Connection With The Entertainment Industry: (please circle) Yes No
If Yes Please Explain: _____
- 06) Residence Address: _____
- 07) a) Type of Residence: (Please circle) House Condo Apt. Other
h) In Brush Area: (Please circle) Yes No If Yes, Clearance _____ft.
c) Live-In Servants: Yes No
d) Years at This Residence: _____
e) Building Limit: \$ _____ Contents Limit: \$ _____
- 08) a) Alarm System: Yes No Central Station Monitored: Yes No
b) Name of Alarm Co. _____
c) Patrol or Guard Service: Yes No If Yes, Name: _____
d) Safe: Yes No Type or Class: _____
e) Is Safe Installed in: Floor Wall
- 09) Name of Insurance Company Covering Residence: _____
- 10) a) Are The Items Being Submitted Currently Insured: Yes No How Long: _____
b) Describe Any Losses Last Three Years: _____
c) Name of Insurance Co. Covering Scheduled Items Now: _____
- 11) a) Do You Know The Applicant Personally: Yes No
If Yes, How Long: _____ If No, How Did You Get The Business: _____
b) Did You Receive The Order Direct From The Applicant Yes No
c) Do You Handle Other Insurance For The Applicant: Yes No Type: _____

Required Signatures:

Insured: _____ Date: _____ Broker: _____ Date: _____