

Hugh Wood Inc.
Dealer Insurance Application



Company Details

Company Name:

Contact Person:

Owner(s) or Principal(s) Full Names:

Mailing Address:

City: State: Zip Code:
Home/Business Phone Number: Email Address:
Cell Phone Number: Fax Number:
Is this your primary business as a: Full Time Dealer Part Time Dealer Auctioneer
Is your main business: Wholesale Retail

How many years have you been trading?
How many years have you been at this company?
Which trade associations do you belong to?

Your Stock

What is the maximum market value of your stock during the year?
(The TOTAL REPLACEMENT COST of your entire stock including consignments, irrespective of location)
What is the average market value of your stock during the year?
(The TOTAL REPLACEMENT COST of your entire stock including consignments, irrespective of location)

Please describe the makeup of your stock, as follows:

Numismatic	%	Fragile (Ceramics, etc.)	%
Philatelic	%	Jewelry (Costume/Scrap)	%
Precious Metals	%	Jewelry (Precious)	%
Autographs	%	Jewelry (Watches)	%
Pictures/Painting	%	Reference Library	%
Other	%		

What is the average individual value per item of stock?

Bank Location

Name:

Street Address:

City: State: Zip Code:

Is this constructed of: Brick Stone Concrete Wood Frame Other

What year were the premises built? How many stories is the building?

Which floor are valuables stored on?

What percent of your total inventory is on average stored at the bank?

Insured Locations (Complete for every location to be insured)

Location Type: Residence Office Shop Storage Facility

Street Address:

City: State: Zip Code:

Is this constructed of: Brick Stone Concrete Wood Frame Other

What year were the premises built? How many stories is the building?

Which floor are valuables stored on? Is this a private residence? Yes No

Is the insured location self-contained and exclusively under your control? Yes No

Do you have deadbolt locks or other similar key operated security fitted to all external doors? Yes No

Do you have window locks or bars fitted to all external windows? Yes No

Is there a special area set aside for insured material? – Examples: store rooms, study, etc. Yes No

Do you have a safe? Yes No If Yes, is it UL and/or TL rated? Yes No

Please provide make, model, UL and/or TL rating for all safes:

Do you have a burglary alarm system? Yes No

If No, please provide any other security information in place:

Is it linked to a central station? Yes No

If Yes, please provide company details:

Do you have a fire alarm system? Yes No

If No, please provide any other security information in place:

Is it linked to a central station? Yes No

If Yes, please provide company details:

What is the value of stock not placed in the safe when premises are unattended?

Are there any other security protections?

How many employees work at this location?

Exhibitions and Shows

Do you require insurance for when you take a table, booth or stand at ANY exhibitions, trade shows, bourses or similar events that are open to the public or are trade fairs? Yes No (skip this section)

What is the estimated number of shows you will attend over the course of the next 12 months?

What is the average value of stock taken per show?

Please provide an estimated schedule of shows for the next 12 months and the estimated limit per show. (Use a separate sheet if necessary)

Date	Event Name	State or Country	Limit Required	Brinks, PPI, etc.

How do you usually transport the stock to and from the show?

If you personally carry the stock to and from the show, how many people accompany the transit?

At what limit would you consider a minimum to two persons to personally accompany the stock to and from shows?

Personal Carryings

This section applies to all sales/buying trips and personally accompanied transit. Please include travel to/from auctions, walking show floors where you DO NOT have a booth or table; travel to/from your bank vault, visiting other dealer's shops, visiting collectors to purchase part of their collection, travel to/from courier drop off or pick up; etc.

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K \Uh]g'h'Y'@A #h'c'Z]bgj fUbW'Xc'mei 'k']g']h'c']d'i f'W'U'g'Y'd'Y'f'f'U'bg]h'3'

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D'Y'U'g'Y'X'c']b'c'h]b'W'XY'U'bm]U'i Y'h'U'h'm'ei 'U'f'Y']bgj f]b['k]h']h'Y'g']d]d]b['W'ff]Y'f'U'b'X'X'c']b'c'h]b'W'XY'X'U'bm]U'f'a c'f'Y'X'W'f'g'Y'f]]W'g'h'c']Y'l'\]h]c'b']j'Y'bi'Y'g'

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Sending and Shipping - International

Do you require insurance for stock being shipped to and from your premises outside of the USA and Canada?

Yes No (skip this section)

How many packages do you send a month?

What is the MAXIMUM value per package?

What is the AVERAGE value per package?

What is the total value you ship, or are responsible for the insurance or **over the course of 12 months?**

Please do not include any value that you are insuring with the shipping carrier and do not included any armored car services to exhibition venues.

Service	Limit Required	Estimated % of total volume shipped over the course of 12 months
Regular Mail		
Certified Mail		
Insured Mail		
Priority Mail		
Registered Mail		
Priority Mail Express		
Federal Express		
UPS/DHL		
Brinks or other armored car, PPI		
Other (please specify)		

Third Party Premises

Do you require insurance for stock at THIRD PARTY PREMISES such as graders, authenticators, restorers, on approval, etc.

Yes No (skip this section)

What is the MAXIMUM value at third party premises?

What is the AVERAGE value at third party premises?

Special Cover for "Off Premises" Auctions (Auctioneers Only)

Do you require insurance for stock being taken to and whilst at off-premises auctions that you hold? – Example: if you hold auctions in a hotel.

Yes No (skip this section)

How many off premises auctions do you hold each year?

Are these all within your domiciled country? Yes No

If No, please explain:

How do you transport the stock to and from the auction venue?

What LIMIT do you wish to purchase?

History

Who is your current insurer?

Have you had any losses in the last five years, whether insured or not? Yes No

If Yes, please provide details, use a separate sheet if necessary:

Has any company declined to accept, cancelled or refused to provide insurance for you? Yes No

If Yes, please provide details:

Are there any additional material facts affecting any section of the proposed insurance which should be disclosed to the Underwriters? Yes No

If Yes, please give full details:

When do you want this coverage to be effective?

Please note that no cover is granted without written confirmation from Hugh Wood Inc.

How did you hear about us?

Search Engine Advertisement Tradeshow Direct Mail Other

Declaration

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that any non-disclosure or misrepresentation of a material fact may entitle insurers to void insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Underwriters: If you are in any doubt as to what constitutes a material fact you should consult Hugh Wood Inc.) I understand the signing of the application form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application form and the statements made herein shall form the basis of the contract.

Signature: _____

Date: _____

APPLICATION FRAUD NOTICE

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: 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.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance Forms, Except As Provided for Automobile Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO NEW YORK APPLICANTS: Automobile Insurance Forms: Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

NOTICE TO NEW YORK APPLICANTS: Fire Insurance: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any wilful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he 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.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: 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.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

NOTICE TO PENNSYLVANIA APPLICANTS: Automobile Insurance Forms: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

NOTICE TO RHODE ISLAND APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefactor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TENNESSEE APPLICANTS: Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a worker's compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO UTAH APPLICANTS: Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WASHINGTON APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO WEST VIRGINIA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO ALL OTHER STATES APPLICANTS: Any person who knowingly and wilfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Fraud Language last updated 02/10)