



COLONIAL GENERAL INSURANCE AGENCY, INC.

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(480) 991-7889 WATS (800) 848-8860
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P.O. Box 571770, Murray, UT 84157-1770
5373 S. Green St., Suite 525, Murray, UT 84123
(801) 290-1144 WATS (800) 594-8900
Fax (801) 290-1160 Toll Free (800) 332-9285

Personal Inland Marine Policy Application

Applicant's Name _____	Agent Name _____
Mailing Address _____	Address _____
Permanent Address _____	Agent Code _____

Proposed effective date: From: _____ To: _____
12:01 A.M., Standard Time at the mailing address of the applicant.

Private Dwelling Apartment Condominium Mobile Home Other: _____
(Describe)

How long have you lived at permanent address? _____

Protection class at permanent address: _____

Occupation of all members of household (describe in detail): _____

Number of years at present occupation: _____

Does applicant travel extensively?..... Yes No

Provide details: _____

Date of birth (attach medical statement if over 75): _____ Marital status: _____

COVERAGES

#	Property	Amount of Insurance
1	Jewelry*	
2	Jewelry in Vault	
3	Furs	
4	Fine Arts	
5	Cameras	
6	Musical Instruments	
7	Silverware	
8	Contents-in-Mini Storage	
9	Describe Other:	

***If engagement ring, wearer's information:**

Name of person: _____

How stored when not worn: _____

Occupation: _____

Date of Birth: _____

Additional Rating Information: _____

Explain all "Yes" responses in Remarks.

1. Any burglar alarms? Yes No
 If yes: Local Central
2. Any safes? Yes No
 If yes: Type and location: _____
3. If condominium or apartment, any security in area? Yes No
4. Is property located within one mile of a coast? Yes No
5. Will any property be exhibited? Yes No
6. Is any property used professionally/commercially? Yes No
7. Are articles stored when not worn? Yes No
 If yes: Where? _____
8. Any other insurance with this company? Yes No
9. Did any loss occur during the last three years? Yes No
 If yes, give details: _____
10. Has any company canceled or refused coverage to the applicant (not applicable to Missouri or California)? Yes No

Remarks: _____

11. Previous insurance carrier (on scheduled items): _____
 Policy number: _____ Expiration date: _____
 If no previous carrier, why (not applicable in Missouri or California)? _____

12. Name of insurance company writing Homeowners: _____
 Dwelling limit: _____ Personal Property limit: _____

#	Provide a detailed description of each item, from whom purchased, etc. If additional space is required, please use a separate sheet. Be sure to attach all required appraisals/bills. If any item of jewelry is over \$25,000, please attach certified independent appraiser's report.	Purchase/ Appraisal Date	Amount of Insurance
1			
2			
3			

4			
5			
6			

Complete this section if there is property located in a ministorage warehouse.

1. Ministorage name: _____
 Address: _____
 Locker number: _____

2. If more than one locker, show property values in each locker below:
 #1: _____ #2: _____ #3: _____

3. How are premises secured? Security fence/gate Guard on premises Guard dogs
 Manager lives on premises Other

QUESTIONS TO BE ANSWERED BY PRODUCER:

1. Do you know the applicant personally? Yes No
 If yes, for how long? _____
2. Do you handle other insurance for the applicant?..... Yes No
3. Do you recommend the applicant?..... Yes No

PRIVACY POLICY: I have received and read a copy of the "Scottsdale Insurance Company Privacy Statement and Procedures." By submitting this application, I am applying for issuance of a policy of insurance and, at its expiration, for appropriate renewal policies issued by Scottsdale Insurance Company and/or other members of the Scottsdale group of insurance companies. I understand and agree that any information about me that is contained in, or that is obtained in connection with, this application or any policy issued to me may be used by any company within the Scottsdale group to issue, review, and renew the insurance for which I am applying.

FAIR CREDIT REPORTING ACT NOTICE: This notice is given to comply with Federal Fair Credit Reporting Act (Public law 91-508) and any similar state law which is applicable as part of our underwriting procedure. A routine inquiry may be made which will provide information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report will be provided.

FRAUD WARNING: 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.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON): 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.

APPLICANT'S STATEMENT: I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true; and that these statements are offered as an inducement to the Company to issue the policy for which I am applying. (Applicable in Kansas: This does not constitute a warranty.)

APPLICANT'S SIGNATURE: _____ DATE: _____

PRODUCER'S SIGNATURE: _____ DATE: _____

Agent's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail
 Applicant's E-mail Address _____ Preferred Method of Correspondence? E-Mail Fax Regular Mail