



COLONIAL GENERAL INSURANCE AGENCY, INC.

P.O. Box 14770, Scottsdale, AZ 85267-4770
8475 E. Hartford Dr., Scottsdale, AZ 85255
(480) 991-7889 WATS (800) 848-8860
Fax (480) 948-1394 Toll Free (866) 240-8807

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

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

Personal Inland Marine Supplemental Application (for attachment to a Homeowner's Application)

Applicant _____

1. Does applicant travel extensively? Yes No

If so, # of weeks per year? _____

Where, if outside of the United States? _____

Coverages:

No.	Property	Amount of Insurance	Rate	Premium
1.	Jewelry			
2.	Jewelry in Vault			
3.	Furs			
4.	Fine Arts			
5.	Cameras			
6.	Silverware			
7.	Musical Instruments			
8.	Stamps			
9.	Coins			
10.	Golfer's Equipment			
11.				
12.				
13.				
14.				
Additional Rating Information:			Total	\$

General Information:

Explain all "Yes" Responses in Remarks

- 1. Safes?..... Yes No
Type and location? _____
- 2. Will any Property be exhibited? Yes No
- 3. Is any property used professionally/commercially? Yes No
- 4. Do you know the applicant personally? Yes No
If so, how long? _____
- 5. Are any items held for sale? Yes No

REMARKS: _____

Prior Carrier for scheduled items: _____

Schedule of Property:

No.	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 is over \$25,000, please attach certified independent appraiser's report.	Purchase/ Appraisal Date	Amount Of Insurance

PRIVACY POLICY:

I have received and read a copy of the "National Casualty 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 National Casualty 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.

APPLICABLE IN THE STATE OF NEW YORK:

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.

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.

PRODUCER'S SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only)