

COIN DEALERS APPLICATION FORM

Email completed form to:
trusso@firstclassins.com



FIRST CLASS

INSURANCE

15800 Pines Blvd. #3167
Pembroke Pines, FL 33027

Insured name:			
Main Risk address:			
City:		State:	Zip:
Mailing Address (if different)			
Owner / Principals name:			
Phone(s):	Main:	Cell:	
Email address:			
FEIN Number:		State Registered:	
Name of main contact:			
Number of years trading:			
Total Revenue for last year:			
Number of employees:			
Insured's business type:		Wholesale	Retail
		Wholesale & Retail	

Usual split of stock:

Numismatics	%	Bullion	%	Scrap metals	%	%
Jewelry Precious	%	Jewelry costume	%	Jewelry scrap	%	%
Watches	%	Art, non-fragile	%	Art, fragile	%	%
Other	%	(detail)				

Est. AVERAGE individual value of per item of stock:	\$
Est. AVERAGE total replacement value of stock for last 12 months:	\$
MAXIMUM total replacement value of stock for last 12 months:	\$
Amount of Stock USUALLY held in BANK VAULTS	\$
Amount of stock NOT held in safe(s) at the main location:	\$
How is out of safe items housed and secured:	

Insured location information:

Type of Main location:	Residence		Store	Office
Exclusively under your control:	YES	NO	Comment	
Floor(s):	#		of total #	
Building construction:				
Burglar Alarm (Central Station):	YES	NO	Make model:	
Fire Alarm (Central Station):	YES	NO	Make model:	
Other Fire Protection:				
Hold-up buttons:	YES	NO	Comment	
CCTV / Video cameras:	YES	NO		
Security Guard:	YES	NO		
Safe(s):	YES	NO	Make, model:	
Safe(s) complete:	YES	NO	(Meaning is the safe alarmed)	
Vault:	YES	NO	Make, model:	
Other:				

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Limits and Exposures:

A – Static cover

1	Main location(s): (address)	1)	\$
		2)	\$
2	Bank Vaults:	\$	
	Is the BV limit either:	PART OF main location or	IN ADDITIONAL TO main loc
3	Unnamed locations:	\$	
4	Grading Houses:	\$	

B – Shipping Coverage (Any one package)

TOTAL number of packages shipped in last 12 months:	#
AVERAGE value per package in last 12 months:	\$
TOTAL value shipped in last 12 months for all services:	\$

	Limits Required Any one package	% of total annual volume shipped
1. USPS Regular Mail	\$	%
2 USPS Certified Mail	\$	%
2ii USPS Certified Mail Restricted Service	\$	%
3 USPS Priority Mail Flat Rate with Signature confirmation	\$	%
3ii USPS Priority Mail Flat Rate with Adult Sign Requirement	\$	%
4 UPS	\$	%
4ii UPS with Adult Signature Requirement	\$	%
4iii UPS Parcel Pro	\$	%
5 Federal Express	\$	%
5ii Federal Express with Adult Sign Requirement	\$	%
6 USPS Priority Express	\$	%
6ii USPS Priority Express with Adult Sign Requirement	\$	%
7 USPS Registered Mail	\$	%
7ii USPS Registered Mail Restricted Service	\$	%
8 Approved Security Carrier: Brinks, Malca Amit, Dunbar, Loomis Fargo, Ferrari Express, Via Mat, Positive Protection Inc	\$	%
Other services (list):	\$	%

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C 1 – Outside Coverage: Events, Trade Shows, Exhibitions, Auction Cover Each and every loss

TOTAL number of events forecast for the next 12 months:	#
AVERAGE value taken per event:	\$
Of all events, how many would a SECURE carrier be utilised for transits:	#

	Limits required at events
1 Whilst being personally conveyed to and from events:	\$
2 Whilst at events as described above:	\$
3 MAXIMUM value carried by a SINGLE person:	\$

C 2 – Outside Coverage: Personal carryings outside of events (trips to bank vaults, PO Boxes and other third parties) Each and every loss

AVERAGE value per personal carrying:	\$
TOTAL number of personal carryings forecast for the next 12 months:	#

	Limits required outside of events
Limit required per personal carrying outside of events:	\$

Deductible Requirements

Any one loss or series of losses arising from the same event	
A Static Cover:	\$
B Shipping Cover:	\$
C Outside Cover:	\$

Insurance History

What date do you need this contact to begin?	
Who is your current broker and insurer?	

Loss History

Have you suffered any losses during the last 5 years?	YES	NO
If yes, please provide details including type of loss and date:		

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Loss Payees:

List any required Loss Payees:

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 the insurance.

I understand that the signing of this 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

(NOTE: A material fact is one likely to influence acceptance or assessment of this proposal by the Insurers: if you are in any doubt as to what constitutes a material fact you should consult your broker.)

Furthermore as the undersigned, I confirm to have understood the relevant FRAUD NOTICES.

Signed:

Dated:

Name of Signatory:

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APPLICANT FRAUD NOTICE

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

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 willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully 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.

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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 willful 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 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 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.