



VALUABLE PAPERS & RECORDS INSURANCE APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Description of property to be insured: _____

a. Limits required: _____ b. Deductible: _____

2. Data on location where insured property is kept.

a. Address: _____

b. What fire protection on premises? _____

c. What theft protection on premises? _____ d. Central alarm station? _____

3. Receptacles in which property is warranted to be kept at all times when premises are not open to business:

a. (1) Safe-made by: _____ having _____ label designation of
☐ Safe Manufactures National Association or ☐ Underwriters' Laboratories, Inc. (check which)

(2) If unlabeled metal safe, specify wall thickness: _____ inches.

b. (1) Vault-constructed of:

Walls: _____ Inches thick: _____

Floors: _____ Inches thick: _____

Ceiling: _____ Inches thick: _____

Having label designation on door of ☐ Safe Manufactures National Association or
☐ Underwriter's Laboratories, Inc. (check which)

(2) If vault door not labeled and vault equipped with an inner and outer door specify:

Construction of both doors: _____

Space between doors: _____

c. Other types of receptacles (describe fully): _____

4. State amount of additional coverage required (if any) on insured property while conveyed outside and temporarily within other buildings except for storage: \$ _____

5. Effective Date of Policy: _____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

Applicant's Signature

Date

Agent's Signature

Date