



THE NORTH AMERICAN COLLECTIBLES ASSOCIATION INSURANCE PLAN



HOROLOGICAL INSURANCE APPLICATION
EACH QUESTION MUST BE ANSWERED. Please type or print.

NACA Program Office
Insurance Program Managers
2316 Carrollton Road
Westminster, MD 21157

Phones: 410.857.5011 800.685.6746
Fax: 410 857 5259
E-mail: nacabdw@aol.com

Insured's Name:			
Mailing Address:			
Business Phone:	Fax Phone:	Home Phone:	
E-mail:		Effective Date Requested:	

Deductible Amount (\$2,500 or increments of \$2,500 to a maximum of \$100,000)	
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Inventory Information					
Total Replacement Value of all stock in trade at this time:					
What percentage of your stock is numismatics:					
What % of inventory is in:	Currency/Script	Autographs/Manuscripts	Jewelry	Gold Bullion	Other(Describe)

Please provide a list of all items valued in excess of \$50,000 presently in your care, custody or control.

Premise Information			
Street:			
City\State\Zipcode:			
Stock Replacement Value (\$):			
Insurance Amount Desired (\$):			
Construction Type:		Miles from Fire Department:	
Other Fire Prevention measures:		Fire Alarm (Y/N):	
		Smoke Detectors (Y/N):	
Other Occupants:		Fire Extinguishers (Y/N)	
		Sprinklers (Y/N):	
Location Type: <small>Retail, Wholesale, Storefront, Office or Residence</small>		Age of Building (years)	
		Level Occupied:	
Location: <small>Strip Shopping Center, Mall, High-rise Building, Single Office Building, Residence, Other (describe)</small>		Number of Stories:	

Alarm System Information	Safe and Vault Information
Central Alarm System (Y/N)	Number of Safes:
Hold-up Buttons (Y/N)	UL Ratings:
Dedicated Phone Line (Y/N)	Stock % in locked safe when open:
Motion Detectors (Y/N)	Stock % in locked safe when closed:
Video Cameras (Y/N)	Construction of vault
Security Guard (Y/N)	Vault rating or class
Steel Gates (Y/N)	Vault wired to central station (Y/N)
Buzzer Entry (Y/N)	Are the safes stored in the vault (Y/N)
Safes wired to the Central Station (Y/N)	
System Type: (Cellular or Telemetry)	
UL Rated Certificate (Y/N) <small>Include copy of UL certificate or monitoring agreement with application</small>	

Bank Information		
	Bank 1	Bank 2
Bank Name:		
Street:		
City\State\Zipcode:		
Replacement Value: (\$)		
Insurance Desired:(\$)		

Transit Information	
Replacement value taken to shows & buying \ selling trips:	
Insurance Desired for stock taken to shows & buying \ selling trips:	
Number of days away during last 12 months:	
Number of days away expected during next 12 months:	
Insurance Desired on property in transit within a 25 mile radius of premises.	
Is a 25 mile radius sufficient for local transit coverage? If not, how many additional miles:	

Shipping Information	
Registered Mail (Insurance per package)	Express Mail (Insurance per package with USPS)
\$ _____ in excess of \$3,000 from Postal Service	\$15,000 _____
\$ _____ in excess of \$25,000 from Postal Service	\$25,000 _____
All New Jersey packages must be insured with the Post Office for \$25,000.	Other \$ _____

Federal Express	
(Insurance per package)	
\$15,000	_____
\$25,000	_____
Other \$	_____

_____	_____
_____	_____
_____	_____

No insurance on Fedex packages going to and from New York, New Jersey or Coin Shows unless specifically underwritten.

No insurance on UPS packages going to and from New York, New Jersey or Coin Shows unless specifically underwritten.

	Registered Mail	Federal Express	Express Mail	
Average number of packages per week:				
Average value of each package:				
Maximum value per package:				
Percentage sent to retail customers:				
Percentage sent to wholesale customers:				

Loss Information			Loss Payee Information	
Type of Loss within last 5 years (Provide details on a separate sheet of paper.)	Amount of Loss(\$)	Date of Loss	Loss Payee Name	Loss Payee Address

I hereby authorize my alarm company to release any details regarding the qualifications of my alarm system to the North American Collectibles Association for the purposes of obtaining premises insurance. Signing this application and declaration does not bind the applicant or the insurance Company to complete the insurance, but it is agreed that this application and declaration shall constitute a warranty should a policy be issued. I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

Signature: _____

Date: _____

Effective date requested, if acceptable: _____