



SHELLY,  
MIDDLEBROOKS & O'LEARY,  
INC.  
SPECIAL RISK UNDERWRITERS

## Coverage Part 4: Personal Articles Floater

(904) 354-7711  
FLORIDA WATS (800) 342-2498  
FAX (904) 355-7611  
P.O. BOX 2909  
JACKSONVILLE, FLORIDA 32203-2909

**\*\*The following section must be completed in order to purchase this coverage in addition to those provided under Coverage Part 1.**

Applicant:	Broker:	Effective Date:
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**Please indicate the total amount of coverage required by category:**

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Req.
1	Jewelry		4	Musical Instruments	\$	10	Fine Arts	
	Men's	\$		Private Use	\$		Limited Breakage	\$
	Women's	\$		Professional Use	\$		Full Breakage	\$
	In-Vault	\$	5	Silverware	\$	11	Guns/Firearms	\$
2	Furs	\$	6	Golfer's Equipment	\$	12	Bicycles	\$
3	Cameras		7	Golf Carts	\$	13	Miscellaneous	\$
	Private Use	\$	8	Stamps	\$			
	Professional Use	\$	9	Rare Coins	\$			

**Additional Rating Information:**

	Y	N		Y	N
Is there a safe in the residence? Specify Below: Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Under floor <input type="checkbox"/> Other <input type="checkbox"/> :	<input type="checkbox"/>	<input type="checkbox"/>	Are the items kept away from the listed premises?	<input type="checkbox"/>	<input type="checkbox"/>
			Are scheduled items not worn by a household member? If not, by whom?	<input type="checkbox"/>	<input type="checkbox"/>
Is property protected by any other means? Description	<input type="checkbox"/>	<input type="checkbox"/>	Any articles at student's dorm/apartment? Value \$	<input type="checkbox"/>	<input type="checkbox"/>
Is dwelling used professionally/commercially in any way?	<input type="checkbox"/>	<input type="checkbox"/>	Any items loaned to museums or on exhibit?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling/Unit within Downtown City Limits?	<input type="checkbox"/>	<input type="checkbox"/>	Any jewelry with unset, damaged stones?	<input type="checkbox"/>	<input type="checkbox"/>
Is any professional equipment stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>	Any in-vault items removed from the vault? # times	<input type="checkbox"/>	<input type="checkbox"/>
Any paid/non-paid caretakers/house keepers?	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household:		
Travel for more than 30 days at a time? With any items?	<input type="checkbox"/>	<input type="checkbox"/>	- Been convicted of arson, dishonesty, theft?	<input type="checkbox"/>	<input type="checkbox"/>
			- Scheduled coverage cancelled or denied?	<input type="checkbox"/>	<input type="checkbox"/>

**Please explain all "Yes" responses here:**

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**Three Year Loss History - Must be filled out completely**

Date	Type of Loss	Cause	Amount
			\$
			\$
			\$

**Notice of Insurance Information Practices:** Personal Information about you may be collected from persons other than you. Such information, as well as other personal and privileged information, collected by us or your agent may, in certain circumstances, be disclosed to third parties. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent/broker for instruction on how to submit a request to us.

**FL Residents Only:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE (817.234).

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Producer: How long have you known the applicant? \_\_\_\_\_ Date agent last inspected property? \_\_\_\_\_

**Applicant's Statement:** With respect to the lines of coverage selected above, I have read the attached application and I declare that, to the best of my knowledge and belief, all of the foregoing statements are true.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_