

Fine Firearms Insurance Program
Dealers Application

Core-Vens Insurance

PO Box 1028

Clinton, IA 52733-1028

800-796-9907 Office

563-242-5242 Fax

tim.hartsock@corevens.com

<http://www.corevensguninsurance.com>

Name of applicant _____

Contact Person _____

Phone _____

Mailing Address _____

Cell _____

Fax _____

County _____

E-mail address _____

Website _____

Effective Date Requested

Location Address: 1. _____

2. _____

Protective Safeguards

Location 1

Location 2

Central Station Fire / Burglar Alarm

Yes

No

Yes

No

(PROVIDE AN ALARM CERTIFICATE...FAX TO 563-242-5242)

Automatic Fire Detection / Suppression System

Yes

No

Yes

No

Percentage of your inventory kept in a safe? _____

Percentage of inventory is kept in a vault? _____

Please give us a description of your safe or vault, i.e., Brand, Size, Lock Type, Year of Mfg., Permanent or Movable, Construction Material, Fire Rating, Burglar Rating.

Location 1: _____

Location 2: _____

Construction material of your building(s): Frame Block Masonry Steel Frame/Masonry

Roofing material of your location(s): _____

Do you have bars or roll ups on building doors?

Yes

No

Yes

No

Do you have bars or roll ups on building windows?

Yes

No

Yes

No

Are you open to the public?

Are you open by appointment only?

Are you inside the city Limits? Y N

How far to the nearest fire department (in miles)? _____

Is the fire department full time?

Volunteer?

Do you operate out of your home?

Yes

No

Is your business located in a commercial area? _____ Residential area? _____

Length of time in gun business _____

Are you a member of any associations, i.e., Dallas Safari Club, COLT Collectors Assoc., etc.?

Do you set up for sale and/or display at gun shows? Yes No

Please list show(s) attended:

Do you ship firearms? Yes No Method of shipment _____

Do you sell items other than guns that need to be insured? Please describe _____

Do you understand that your insurable inventory must be insured up to 80% of its Fair Market Value to avoid coinsurance penalties?

COVERAGE LIMITS

On Premises Limit _____ Deductible 2,500 ___ 5,000 ___ 10,000 ___ Other ___

All Other Locations Limit _____ Deductible 2,500 ___ 5,000 ___

Transit / Shipping Limit _____ Deductible 1,000 ___ 2,500 ___ 5,000 ___

What percentage (%) of your inventory is made up of: Antique Guns _____ Curios & Relics _____

High End Long Guns _____ Modern Guns _____ Antique & Collectible Gun Accessories _____

Knives, Swords, Daggers, etc. _____ Other Misc. Items _____ Please Describe _____

In the past 5 years have you experienced any gun insurance losses? Yes No

Explain _____

In the past 5 years have you had a bankruptcy, tax lien, gone into receivership? Yes No

Explain _____

How did you hear about us? _____

Documents Needed: Alarm Certificate (if applicable) - Please fax to 563-242-5242

I understand that the above statements are true, complete and accurate, as of this date. I understand that this application does not bind the company to issue, nor the applicant to purchase this insurance. I declare that I have not intentionally withheld any material facts that might influence the insurance company to provide insurance requested by this application. I understand this application is for information purposes only and that the actual coverage provided is subject to the terms, conditions and exclusions of the policy as issued.

Name of Applicant _____

Signature of Applicant _____ Date _____