

ANTIQUES AND COLLECTIBLES SUPPLEMENT

Is coverage now written through your office?	If so, number of	years _			
2. How many years of experience does the insured have in		-			
3. Who runs the business?					
4. Is this business operated year-round? If so, ho	ow many months	s is it ope	n?		
5. What days and hours is the business open?					
6. Describe the type of inventory and percentage of total sto					
Furniture% Paintings%	Silver%		Coins	%	
Jewelry% Sculptures%	Rug/Carpet	%	Stamps	%	
Drawings% Porcelain/Glass%	Tapestries	_%	Other	%	
On-premises Sales% Off-Premises Sa	ales%				
7. Average value of property of others in your care during the	ne last twelve mo	onths?			
Percentage of goods held on consignment?					
9. Is breakage coverage requested?					
10. Is there a wood stove on the premises?					
11. Is there any repair or restoration work done on premises	s?If so	o, extent			_
12. Business Personal Property Limit \$ An	tique and Collec	tibles Lir	nit \$		_
13. Total Limit \$					
NOTE: Antique furniture over \$15,000 must be scheduled. Ar \$7,500 must be scheduled.	ny antique or col	llectible (not antique	e furniture) ove	ər
FRAUD STATEMENT					
Any person knowingly and with intent to defraud any insurance company materially false information or conceals for the purpose of misleading information insurance act which is a crime. (Ohio).					
Any person who knowingly and with intent to defraud any insurance comstatement of claim containing any materially false information, or conceased the material thereto, commits a fraudulent insurance act, which is a crimitive thousand dollars and the stated value of the claim for each such viole to the claim for each such viole t	als for the purpose ne, and shall also I	of mislea be subjec	ding, inform	ation concernin	ng any
Any person who knowingly and with intent to defraud any insurance comstatement of claim containing any materially false information or conceal fact material thereto, commits a fraudulent insurance act, which is a crim (PA only).	s for the purpose	of mislead	ding, informa	ation concerning	g any
Insured's Signature			Da	nte	