

**HO61 - SCHEDULED PERSONAL PROPERTY
SUPPLEMENTAL APPLICATION**

All fields are required, otherwise enter 'n/a' for not applicable.

Producing Office:	Producer Name:	E-mail:
Address:	Phone #:	Fax #:

Applicant's Name: _____ Effective Date Of Schedule: _____

Please indicate the total amount of coverage required by category:

#	Property	Limit Requested	#	Property	Limit Requested	#	Property	Limit Requested
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	\$			
	Private Use	\$	8	Stamps	\$			
	Professional Use	\$	9	Rare Coins	\$			

Additional Rating Information:

General Information:

Explain all Yes responses in remarks section	Y	N	Explain all Yes responses in remarks section	Y	N
Central Station Alarm System? <input type="checkbox"/> Fire <input type="checkbox"/> Burglar	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling occupied during the day?	<input type="checkbox"/>	<input type="checkbox"/>
Any Motion Detector Sensors?	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling up for sale or vacant?	<input type="checkbox"/>	<input type="checkbox"/>

Dwelling protected by sprinkler system?	<input type="checkbox"/>	<input type="checkbox"/>	Travel for more than 30 days at a time? With any items?	<input type="checkbox"/>	<input type="checkbox"/>
Are all exterior doors protected by dead bolt locks?	<input type="checkbox"/>	<input type="checkbox"/>	Are any items kept away from the listed premises?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling situated within Gated Community?	<input type="checkbox"/>	<input type="checkbox"/>	Any scheduled items not worn by a household member?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a safe in residence? Specify Below: <input type="checkbox"/> Wall Safe <input type="checkbox"/> Freestanding <input type="checkbox"/> Underfloor <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	Any articles away at student's dorm/apartment? Value?	<input type="checkbox"/>	<input type="checkbox"/>
	-	-	Any Items loaned to museums or on exhibit?	<input type="checkbox"/>	<input type="checkbox"/>
Is property protected by any other means?	<input type="checkbox"/>	<input type="checkbox"/>	Any in-vault items removed from the vault? # Times?	<input type="checkbox"/>	<input type="checkbox"/>
Any part of the dwelling used professionally/commercially?	<input type="checkbox"/>	<input type="checkbox"/>	Any jewelry with unset, damaged stones?	<input type="checkbox"/>	<input type="checkbox"/>
Any business conducted on premises? Type?	<input type="checkbox"/>	<input type="checkbox"/>	Have you or any member of the household had any:	-	-
Any Child Care or Day Care (paid or not) on premises?	<input type="checkbox"/>	<input type="checkbox"/>	- foreclosures, repossessions or bankruptcies?	<input type="checkbox"/>	<input type="checkbox"/>
Dwelling/Unit within Downtown City Limits?	<input type="checkbox"/>	<input type="checkbox"/>	- been convicted of arson, dishonesty, theft?	<input type="checkbox"/>	<input type="checkbox"/>
If apartment or condominium, 1st floor unit?	<input type="checkbox"/>	<input type="checkbox"/>	- scheduled coverage cancelled or denied?	<input type="checkbox"/>	<input type="checkbox"/>
Is any professional equipment stored off premises?	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling within 1 mile of the coast?	<input type="checkbox"/>	<input type="checkbox"/>
Any paid or non-paid caretakers/housekeepers?	<input type="checkbox"/>	<input type="checkbox"/>	Dwelling protected by Storm Shutters?	<input type="checkbox"/>	<input type="checkbox"/>

Remarks Section:

Prior Carrier For Scheduled Items:	Exp Date:	Expiring Premium:

#	Provide a detailed description of each item, from whom purchased, etc. If additional space is required, use the schedule on the reverse side, be sure to attach all required appraisals/bills.	Purchase/Appraisal Date	Amount of Insurance
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