



**American Numismatic Association's
Insurance Application Form through
Hugh Wood Inc.**



Please complete all questions as fully as is possible and continue on extra paper if required.

Are you only a collector? YES / NO

N.B.: A collector does not take booths/tables at shows, have a personal website selling material or derive their main income from the sale of material.

If your answer is NO, please telephone 1888 277-6494 for assistance

A. PERSONAL DETAILS			
A1.	Family Name:	First Name:	Initial: A2. ANA Membership #:
A3.	Mailing address:		Zipcode:
A4.	Street address (if different from question A3 above):		Zipcode:
A5.	Contact details:	Home Phone #	
		Work Phone #	
		Mobile Phone #	
		Email	
A6.	How many years have you been collecting?	A7. Are you under 21 years of age?	YES / NO

B. YOUR COLLECTION		
B1.	What is the market value of the items that you would like to insure? <i>(please attach a listing of items valued over \$ 10,000)</i>	\$
B2.	What is the nature of your collection? <i>(i.e. paper money, ancient coins, US graded, etc.)</i>	
B3.	What percentage of your collection relates to Bullion coins?	%
B4.	Is a complete record of your collection maintained?	YES / NO
	If NO, state how the exact amount of loss could be ascertained	
B5.	Have you acquired more than 50% of your collection through inheritance, gift or in a single purchase?	YES / NO
	If YES, please provide details.	

C. THE LOCATION	
C1.	Where do you keep your collection if the storage location is different to the address you have shown under question A3 and A4?
C2.	Name and address of the bank/SDV where your collection will be?



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D. INSURANCE COVER REQUIRED (PLEASE MARK ONE BOX ONLY)		
Vault Policy	This policy provides cover in a bank or safe deposit vault (SDV) only	
Bronze Policy	This policy provides cover at home only	
Silver Policy	This policy provides cover at home and/or in a bank/SDV and allows you to hand carry \$50,000 (or your policy limit if less) between the bank and home only	
Gold Policy	This policy provides cover at home and/or bank/SDV and allows you to carry \$50,000 (or your policy limit if less) anywhere in USA/Canada plus mailing by registered or insured USP Services within USA/Canada	
Platinum Policy	This policy is tailor made for collectors requiring a sum insured above \$500,000	
When do you want your above selected insurance to start? <i>(Please note that no insurance will be arranged without your written acceptance of a quotation)</i>		

E. IF BRONZE/SILVER/GOLD OR PLATINUM POLICY SELECTED, WHAT ARE THE SECURITY MEASURES?			
E1.	Is this a private residence self-contained and exclusively under your control?	YES	NO
E2.	Is this constructed of brick/stone/concrete?	YES	NO
If NO, please provide details.			
E3.	Do you have mortise deadlocks or other similar key operated security fitted to all external doors?	YES	NO
If NO, please provide details.			
E4.	Do you have a safe?	YES	NO
If NO safe, do you keep your collection in a locked cabinet or similar?			
E5.	Do you have an alarm system?	YES	NO
If YES, is it a central station alarm <i>(please provide details)?</i>			
E6.	Any other security protections? <i>(please provide details)?</i>		

F. HISTORY			
F1.	Have you suffered any loss in the last five years, whether insured or not?	YES	NO
If YES, please provide full details.			
F2.	Has any company declined to accept, cancelled or refused to provide insurance for you?	YES	NO
If YES, please provide full details.			

DECLARATION

To the best of my knowledge and belief the information provided in connection with this application, whether in my own hand or not, is true and I have not withheld any material facts. I understand that any non-disclosure or misrepresentation of a material fact may entitle insurers to void the insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Underwriters: If you are in any doubt as to what constitutes a material fact you should consult Hugh Wood Inc.) I understand the signing of this application form does not bind me to complete the insurance but agree that, should a contract of insurance be concluded, this application form and the statements made herein shall form the basis of the contract.

Signature: _____ Date: _____



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FRAUD WARNING NOTICE

Arkansas/Kentucky/New Mexico/Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a contract owner or claimant for the purpose of defrauding or attempting to defraud the contract owner or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida: Any person who knowingly and with intent to injure, defraud or deceive an 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.

Maine/D.C./Louisiana/Oregon/Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Nebraska: Any person who knowingly and with intent to defraud any insurance company files an application or statement of claim containing any materially false, misleading or incomplete information may be guilty of a crime which may be punishable under state or Federal law.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Texas: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an enrollment form or files a claim containing a false or deceptive statement is guilty of insurance fraud.

All other states (except New York and Virginia)* where fraud warnings apply: Any person who knowingly and with intent to defraud any insurance company files an application or statement of claim containing any materially false, misleading or incomplete information is guilty of a crime which may be punishable under state or Federal law.

* Fraud warning statements do not apply in New York and Virginia.