



APS Stamp Insurance Application

Insurance Application Form through Hugh Wood Inc.



Please answer all questions as completely as possible and continue on extra paper if required.

Are you only a collector?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N.B.: A collector <u>does not</u> take booths/tables at shows, have a personal website selling material or derive their main income from the sale of material. <i>If your answer is NO, please telephone 1888 277-6494 for assistance and do not complete this form.</i>		
A. PERSONAL DETAILS					
A1.	Family Name:	First Name:	Initial:	A2.	APS Membership #:
A3.	Mailing Address:				Zip code:
A4.	Street Address (if different from question A3 above):				Zip code:
A5.	Contact Details:	A6.	Age:		
	Home Phone #	A7.	Occupation:		
	Work Phone #	A8.	Marital Status:		
	Cell Phone #	A9.	How many years have you been collecting?	Amount of Years:	
	Email:				
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 \$25,000)</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
B2.	What is the nature of your collection? <i>(i.e. stamps, covers, etc.)</i>			YES <input type="checkbox"/>	NO <input type="checkbox"/>
B3.	Is a complete record of your collection maintained?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO, state how the exact amount of loss could be ascertained				
B4.	Have you acquired more than 50% of your collection through inheritance, gift or in a single purchase?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, <i>please provide details.</i>				
C. THE LOCATION					
C1.	Where do you keep your collection if the storage location is different from the address you have shown under question A3 and A4?				
C2.	Name and address of the bank/Safety Deposit Vault where your collection will be?				



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D. INSURANCE COVER REQUIRED (PLEASE MARK ONE BOX ONLY)			
D1.	Vault Policy – This policy provides cover in a bank or safe deposit vault only.		<input type="checkbox"/>
D2.	Home/In Bank – This policy provides cover at home and at the bank. 1. How much do you want to cover at home? 2. How much do you want to cover at bank?	\$ _____ \$ _____	<input type="checkbox"/>
D3.	Blanket out of vault – This policy provides cover worldwide and allows you to carry up to \$1,000,000 (or policy limits if less). This is the _____ coverage for most APS managers.		<input type="checkbox"/>
D4.	Theft Restricted – This policy limits covers to \$60,000 in the event of a theft. (Only applicable if your collection is over \$60,000).		<input type="checkbox"/>
D5.	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>	Effective Date: _____ / _____ / _____	
E. (WHAT ARE THE SECURITY MEASURES)			
E1.	Is this a private residence self-contained and exclusively under your control?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E2.	Is this constructed of brick/stone/concrete? <i>Please indicate which one by circling.</i>		
E3.	When was the premises built:	E4.	How many feet to fire hydrant?
E5.	How many miles to fire department:?		
E6.	Do you have mortise deadlocks or other similar key operated security fitted to all external doors?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO, <i>please provide details.</i>		
E7.	Do you have a safe?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If yes, is it a theft rated safe – i.e., TL 15 or TL 30?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If NO safe, do you keep your collection in a locked cabinet or similar?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
E8.	Do you have an alarm system?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, is it a central station alarm <i>please provide details (name of company).</i>		
E9.	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 <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, <i>please provide full details.</i>		
F2.	Has any company declined to accept, cancelled or refused to provide insurance for you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If YES, <i>please provide full details.</i>		
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.

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