

National Risk Solutions

Thank you for choosing National Risk Solutions. We look forward to providing you with a quick, competitive quote.

Please complete the following application in its entirety and include any pertinent underwriting information. Also, please be sure to include a fax # or e-mail below where we may return your quote promptly.

Once complete please:

1. E-Mail application to NRSapps@NRSinsurance.com
OR
2. Fax application to (877)-743-4252

If you have any questions, please do not hesitate to contact us at (866)-417-4855.

We appreciate your business.

Sincerely,

The National Risk Solutions Team

Agency Name
City, State, Zip
Contact
Email Address
Phone Number
Fax Number
Additional Information

National Risk Solutions • PO Box 21407 • St. Petersburg, FL 33742

ACORD™ PERSONAL INLAND MARINE APPLICATION

DATE (MM/DD/YYYY)

PRODUCER	PHONE (A/C. No. Ext): FAX (A/C. No):	APPLICANT'S NAME AND MAILING ADDRESS (Include county & ZIP+4)	NAIC CODE TELEPHONE NUMBER
CODE: AGENCY CUSTOMER ID	SUBCODE:	CO/PLAN	POL#:
		EFFECTIVE DATE EXPIRATION DATE	ACCT#:
		DIRECT BILL PAYMENT PLAN	
		AGENCY BILL	

APPLICANT & LOCATION INFORMATION

AGE	MARITAL STATUS	OCCUPATION	SPOUSE'S OCCUPATION	TERR CODE	PROTECT CLASS	FIRE DISTRICT/CODE NUMBER
LOCATION OF PROPERTY (If Different From Above) <input type="checkbox"/> ADDITIONAL LOCATION			DWELLING TYPE(S) OTHER	CONSTRUCTION TYPE(S)		# FAMILIES (In Each)

COVERAGES

#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM	#	PROPERTY	AMOUNT OF INS	RATE	PREMIUM
1	JEWELRY				8	COINS			
2	FURS				9	GOLFER'S EQUIPMENT			
3	FINE ARTS				10	PERSONAL COMPUTERS			
4	CAMERAS				11				
5	MUSICAL INSTRUMENTS				12				
6	SILVERWARE				13				
7	STAMPS				14				

<input type="checkbox"/> UNATTENDED CAR COVERAGE (Stamps/Coins)	<input type="checkbox"/> SAFE CREDIT (Identify Property, Safe Class, Etc)	<input type="checkbox"/> BREAKAGE COVERAGE (*On Schedule)	TOTAL: \$
<input type="checkbox"/> BROAD FORM PAIR & SET COVERAGE	<input type="checkbox"/> ACV LOSS SETTLEMENT	<input type="checkbox"/> BLANKET COVERAGE	
<input type="checkbox"/> NON-MOBILE ORGAN COVERAGE	<input type="checkbox"/> REPLACEMENT COST LOSS SETTLEMENT		

ADDITIONAL RATING INFORMATION

GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO	EXPLAIN ALL "YES" RESPONSES IN REMARKS	YES	NO
1. ANY PROTECTIVE DEVICES/SYSTEMS IN USE?			7. DID ANY LOSS OCCUR DURING THE LAST 3 YEARS?		
2. WILL ANY PROPERTY BE EXHIBITED?			8. ANY COVERAGE DECLINED, CANCELLED OR NON-RENEWED DURING THE LAST 3 YEARS? NOT APPLICABLE IN MO		
3. WILL ANY SPECIAL RESTRICTION/ENDORSEMENTS APPLY?			PRIOR INSURER & POLICY NUMBER		
4. WILL ANY TYPE OF DEDUCTIBLE APPLY?					
5. IS ANY PROPERTY USED PROFESSIONALLY/COMMERCIALY?					
6. ANY OTHER INSURANCE WITH THIS COMPANY?					
REMARKS					

SCHEDULE OF PROPERTY

#	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.	ACORD APPRAISAL		PURCHASE/ APPRAISAL DATE	AMOUNT OF INSURANCE
		YES	NO		

