



**PAF Application Form**

Named Insured: \_\_\_\_\_

Date: \_\_\_\_\_

1. Effective date: \_\_\_\_\_
2. Type of entity:  Individual  Joint Venture  LLC  Partnership  Trust  Other
3. Applicant and Co-applicant name: \_\_\_\_\_
4. Date of birth: \_\_\_\_\_
5. Occupation \_\_\_\_\_
6. High profile celebrity/actor/musician/athlete:  
 Yes  No (market referral required): \_\_\_\_\_
7. Travel habits of the client (number of trips and usual destinations):  
\_\_\_\_\_
8. Location Address: \_\_\_\_\_
9. Does client reside here year-round?: \_\_\_\_\_
10. Coverage A Limit: USD \$ \_\_\_\_\_
11. Brush Area:  Yes  No and Clearance? \_\_\_\_\_ ft
12. Protection Class: \_\_\_\_\_
13. Mailing Address (if different): \_\_\_\_\_
14. Dwelling type: \_\_\_\_\_
15. Construction Type \_\_\_\_\_
16. Sale manufacturer and model, and UL cert: \_\_\_\_\_
17. Burglar Alarm make and model: \_\_\_\_\_
18. Alarm bells only/connected to police/central station: \_\_\_\_\_
19. Fire Alarm make and model: \_\_\_\_\_
20. Alarm bells only/connected to central station?: \_\_\_\_\_



**SOUTH EAST COASTAL  
UNDERWRITERS**

<b>Aggregate Values:</b>	<b>Total Value (USD):</b>
Antique Furniture	
Audio/Visual Equipment	
Baseball / Sports Cards / Comic Books	
Bicycles	
Books	
Cameras	
Coins	
Computers	
Fine Art – Fragile	
Fine Art – Non-fragile	
Furs	
Guns	
Golf clubs	
Gold/Silver Bullion – Bank Vault only	
Handbags	
Jewelry	
Watches	
Jewelry – Bank Vault only	
Memorabilia	
Miscellaneous	
Musical Instruments – Personal Use	
Musical Instruments – Professional Use	
Rugs	
Silverware	
Stamps	
Wine & Cigars	
Other:	
Other/Miscellaneous	

Requested deductible (USD): Nil \_\_\_ 500\_\_\_ 1,000\_\_\_ 2,500\_\_\_ 5,000\_\_\_ 10,000\_\_\_  
25,000\_\_\_ 50,000\_\_\_ \_\_\_\_\_%

Earthquake deductible (USD): Nil \_\_\_ 500\_\_\_ 1,000\_\_\_ 2,500\_\_\_ 5,000\_\_\_ 10,000\_\_\_  
25,000\_\_\_ 50,000\_\_\_ \_\_\_\_\_%

Wildfire deductible (USD): Nil \_\_\_ 500\_\_\_ 1,000\_\_\_ 2,500\_\_\_ 5,000\_\_\_ 10,000\_\_\_  
25,000\_\_\_ 50,000\_\_\_ \_\_\_\_\_%

Jewelry and Handbags: Wearing limit required USD \_\_\_\_\_



**SOUTH EAST COASTAL**  
**U N D E R W R I T E R S**

Fire-year loss record:

Date	Loss Amount USD	Description

Has any coverage been declined, cancelled or non-renewed during the last three years?:

\_\_\_\_\_

Current/previous carrier:\_\_\_\_\_

Is there any other material fact, within your knowledge, regarding this proposal of insurance, which should be submitted to the Insurers for consideration?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed:\_\_\_\_\_

Date:\_\_\_\_\_

*\*If applicable, please complete the below SOV (State of Values) template.*

Location Number	Item Number	Item Type	Item Value	Item Description	Additional Detail