



I N S U R A N C E

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PERSONAL ARTICLES FLOATER APPLICATION

Submit Description of Items Including Values with this Application

- 01) Name(s) of Applicant(s)
02) Marital Status: (please circle) Married Single Divorced Separated Widowed
03) Age(s):
04) a) Occupation of All Applicants :
b) Number of Years in Present Occupation:
c) Source of Income if No Occupation or Retired:
05) Any Connection With The Entertainment Industry: (please circle) Yes No
06) Residence Address:
07) a) Type of Residence: (Please circle) House Condo Apt. Other
h) In Brush Area: (Please circle) Yes No If Yes, Clearance ft.
c) Live-In Servants: Yes No
d) Years at This Residence:
e) Building Limit: \$ Contents Limit: \$
08) a) Alarm System: Yes No Central Station Monitored: Yes No
b) Name of Alarm Co.
c) Patrol or Guard Service: Yes No If Yes, Name:
d) Safe: Yes No Type or Class:
e) Is Safe Installed in: Floor Wall
09) Name of Insurance Company Covering Residence:
10) a) Are The Items Being Submitted Currently Insured: Yes No How Long:
b) Describe Any Losses Last Three Years:
c) Name of Insurance Co. Covering Scheduled Items Now:
11) a) Do You Know The Applicant Personally: Yes No
If Yes, How Long: If No, How Did You Get The Business:
b) Did You Receive The Order Direct From The Applicant Yes No
c) Do You Handle Other Insurance For The Applicant: Yes No Type:

Required Signatures:

Insured: Date: Broker: Date: