

QSR
 HO61 - SCHEDULED PERSONAL PROPERTY
 SUPPLEMENTAL APPLICATION

Applicant's Name: _____

Effective Date Of Schedule: _____

Please indicate the total amount of coverage required by category:

#	Property	Amount of Insurance		#	Property	Amount of Insurance
1	Jewelry:	--- --- --- ---		5	Silverware	
	Men's:			6	Golfer's Equipment	
	Women's:			7	Fine Arts:	--- --- --- ---
	In-Vault:				Limited Breakage:	
2	Furs:				Full Breakage:	
3	Cameras:	--- --- --- ---		8	Stamps	
	Private Use:			9	Rare Coins:	
	Professional Use:			10	Guns/Firearms:	
4	Musical Instruments:	--- --- --- ---		11	Bicycles	
	Private Use:			12		
	Professional Use:			13		

Additional Rating Information:

General Information:

Explain all "Yes" responses in remarks section	Y	N	Explain all "Yes" responses in remarks section	Y	N
Central Station Alarm System? [] Fire [] Burglar			Any paid or non-paid caretakers/housekeepers?		
Any Motion Detector Sensors?			Travel for more than 30 days at a time? With any items?		
Dwelling protected by sprinkler system?			Are any items kept away from the listed premises?		
Are all exterior doors protected by dead bolt locks?			Any scheduled items not worn by a household member?		
Do you have a safe in residence? Specify Below:			Any articles away at student's dorm/apartment? Value?		
[] Wall Safe [] Freestanding [] Underfloor [] Other	-	-	Any Items loaned to museums or on exhibit?		
Is property protected by any other means?			Any in-vault items removed from the vault? # Times?		
Any business conducted on premises? Type?			Any jewelry with unset, damaged stones?		
Any Child Care or Day Care (paid or not) on premises?			Have you or any member of the household had any:	-	-
Dwelling/Unit within Downtown City Limits?			- foreclosures, repossessions or bankruptcies?		
If apartment or condominium, 1st floor unit?			- been convicted of arson, dishonesty, theft?		
Is any professional equipment stored off premises?			- scheduled coverage cancelled or denied?		

Remarks Section:

Prior Carrier For Scheduled Items:	Exp Date:	Expiring Premium:
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PRODUCERS SIGNATURE: _____

DATE: _____

PLEASE ATTACH A COMPLETE LISTING AND DESCRIPTION OF EACH ITEM TO BE SCHEDULED!

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#	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.	Purchase/Appraisal Date	Amount of insurance
2		/ /	
3		/ /	
4		/ /	
5		/ /	
6		/ /	
7		/ /	
8		/ /	
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