



Hugh Wood Inc.  
American Philatelic Society  
Insurance Application



Do you take booths/tables at shows, have a personal website selling material, are an eBay power seller or derive your primary income from the sale of philatelic material?                      Yes                      No

If your answer is yes, please telephone (212) 509-3777 for assistance and do not complete this form.

**Applicant Information**

Last Name:    First Name:    APS Membership #:  
Mailing Address:    Email:  
City:    State:    Zip Code:  
Home Phone:    Work Phone:    Cell Phone:  
Occupation:    Age:  
How many years have you been collecting?

**Your Collection**

What is the fair market value of your collection?  
(Please attach listing of individual items over \$25,000)

What is the nature of your collection?

Is a complete record of your collection maintained?                      Yes                      No

If No, state how the exact amount of loss could be ascertained:

Have you acquired more than 50% of your collection through inheritance, gift or in a single purchase?                      Yes                      No

If Yes, please provide details:

**Insured Location**

**Home**

Street Address:

City:    State:    Zip Code:

Is this constructed of:                      Brick                      Concrete                      Stone                      Wood Frame                      Other

What year were the premises built?    How many stories is the building?

Is this in a federal flood zone?                      Yes                      No                      Distance to the nearest water:

## Bank

Name of Bank: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is this constructed of:      Brick      Concrete      Stone      Wood Frame      Other  
What year were the premises built? \_\_\_\_\_ How many stories is the building? \_\_\_\_\_  
Is this in a federal flood zone?      Yes      No      Distance to the nearest water: \_\_\_\_\_

## Storage Facility

Name of Facility: \_\_\_\_\_ Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Is this constructed of:      Brick      Concrete      Stone      Wood Frame      Other  
What year were the premises built? \_\_\_\_\_ How many stories is the building? \_\_\_\_\_  
Is this in a federal flood zone?      Yes      No      Distance to the nearest water: \_\_\_\_\_

## What are the Security Measures (Please complete for all locations other than bank vaults)

Is this private residence self-contained and exclusively under your control?      Yes      No  
Distance to the nearest fire hydrant?      Less than 500 ft.      500 ft to 2,500 ft      More than 2,500 ft  
How many miles are there to the fire department? \_\_\_\_\_  
Do you have deadbolt locks or other similar key operated security fitted to all external doors?      Yes      No  
Do you have a safe?      Yes      No  
    If Yes, is the safe UL rated? If so what is the rating? \_\_\_\_\_  
If you do not have a safe, do you keep your collection in a locked cabinet or something similar?      Yes      No  
Do you have an alarm system?      Yes      No  
    If Yes, is it a central station alarm?      Yes      No  
    Name of the central station monitoring company: \_\_\_\_\_  
Are there any other security protections? Please provide details: \_\_\_\_\_  
*Insurers may limit the peril of theft to \$60,000 if they deem the security to be insufficient.*

## Insurance Coverage Required

Hugh Wood Inc. offers a variety of programs for our philatelic collectors. Please select the one that would be most appropriate for your use.

### Blanket Out of Vault

This policy provides coverage worldwide and allows you to carry up to \_\_\_\_\_ Limit Required: \$  
\$1,000,000 (or policy limit if less). This is the best coverage for most APS collectors.

### Home/In Bank

This policy provides coverage at home and at the bank.

How much do you want to cover at home? \_\_\_\_\_ Limit Required: \$

How much do you want to cover at the bank? \_\_\_\_\_ Limit Required: \$

### Vault Policy

This policy provides coverage in a bank or safe deposit vault only. \_\_\_\_\_ Limit Required: \$

I would like to reduce my limit for theft and burglary to \$60,000. (This may reduce the premium) Yes No

When do you want your above selected insurance to start? \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please note that no insurance will be arranged without your written acceptance of a quotation*

## History

Have you suffered any losses in the last five years, whether insured or not? Yes No

If Yes, please provide details:

Has any company declined to accept, cancelled or refused to provide insurance for you? Yes No

If Yes, please provide details:

How do you hear about us?

Search Engine      Advertisement      Tradeshow      Direct Mail      Other

## 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 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 the 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: \_\_\_\_\_

## APPLICATION FRAUD NOTICE

**NOTICE TO ARKANSAS APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO COLORADO APPLICANTS:** 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO HAWAII APPLICANTS:** For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** 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 denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly and wilfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and wilfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**NOTICE TO NEW YORK APPLICANTS: All Commercial Insurance Forms, Except As Provided for Automobile Insurance:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**NOTICE TO NEW YORK APPLICANTS: Automobile Insurance Forms:** Any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

**NOTICE TO NEW YORK APPLICANTS: Fire Insurance:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any wilful concealment or misrepresentation of a material fact or circumstances shall be grounds to rescind the insurance policy.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Automobile Insurance Forms: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and the payment of a fine of up to \$15,000.

**NOTICE TO PUERTO RICO APPLICANTS:** Any person who knowingly and with the intention to defraud includes false information in an application for insurance or file, assist or abet in the filing of a fraudulent claim to obtain payment of a loss or other benefit, or files more than one claim for the same loss or damage, commits a felony and if found guilty shall be punished for each violation with a fine of no less than five thousand dollars (\$5,000), not to exceed ten thousand dollars (\$10,000); or imprisoned for a fixed term of three (3) years, or both. If aggravating circumstances exist, the fixed jail term may be increased to a maximum of five (5) years; and if mitigating circumstances are present, the jail term may be reduced to a minimum of two (2) years.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefactor knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO TENNESSEE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO TENNESSEE APPLICANTS:** Workers Compensation: It is a crime to knowingly provide false, incomplete or misleading information to any party to a worker's compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO UTAH APPLICANTS:** Workers Compensation: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

**NOTICE TO VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO WEST VIRGINIA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO ALL OTHER STATES APPLICANTS:** Any person who knowingly and wilfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

(Fraud Language last updated 02/10)