



Beazley PAF Application Form

Broker: _____

Contact name: _____

Date: _____

1. Effective date: _____
2. Type of entity: Corporation/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. Safe 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?: _____
21. Does the Insured have any previous criminal convictions? If so, please list the date(s) and the offence(s) charged:

Aggregate values:	Total Value (USD):
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	
Jewellery	
Watches	
Jewellery – Bank Vault only	
Memorabilia	
Miscellaneous	
Musical Instruments – Personal Use	
Musical Instruments – Professional Use	
Rugs	
Silverware	
Stamps	
Wine & Cigars	
Other :	
Other/Miscellaneous	

Schedule of Values: Please use Beazley PAF SOV Template



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
: %

Jewellery and Handbags: Wearing limit required USD _____

Five-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: _____

Dated: _____