QUOTE NUMBER



## SCHEDULED PERSONAL PROPERTY INVENTORY FORM

_	APPLICANT NAME			QUOTE NUMBER			
	This information will be used to review your request for scheduled personal property coverage on your collector vehicle policy. Please complete this form and include as much detail as possible. When finished, mail the form to Hagerty at P.O. Box 1301, Traverse City, MI 49685 or fax it to 231-941-8227 so that we may continue our review.						
<b>S</b> (	SCHEDULED ITEM INVENTORY: Please fill out your scheduled items below. It is only necessary to fill out the item description and value. Please leave the two right-hand columns blank.						
ITE	EM #	DESCRIPTION: Include serial number if available	VALUE*	COVERED PROPERTY CLASS	PROPERTY TYPE		
EXA	MPLE	1929 Rolls Royce Flying Lady Mascot	\$1,500	For office use only	For office use only		

\* A current appraisal or bill of sale is required for any/all single item(s) valued over \$10,000. We need photos of any item(s) valued above \$5,000.

TOTAL VALUE



## SCHEDULED PERSONAL PROPERTY INVENTORY FORM

ADDITIONAL INFORMATION FOR COLLECTIONS VALUED OVER \$20,000						
If the total value of your scheduled property is over \$20,000, please answer the questions below.						
STORAGE LOCATION Where is this property stored? Primary Address Secondary Address Other						
If other, please provide a description of the building and storage address:						
THEFT / FIRE PROTECTION Please check all that apply to this property's storage location:						
Local Security System Central Security System Manager on premises 24-hr Security Guard Fire Extinguishers  Local Fire Alarm System Gated Entrance Fire Sprinkler System						
PRIOR CLAIMS						
Have you had a claim involving this type of property under any Homeowners / Renters insurance policy within the last three years? YES NO						
If yes, please describe (date / paid amount / cause):						
USE						
Will this property be on exhibit? YES NO						
If yes, please describe:						
Is this property used for business or commercial purposes? YES NO						
If yes, please describe:						
APPLICANT SIGNATURE DATE						