



# ESTATE SALES

P.O. Box 4389  
Davidson, NC 28036

800-287-7127  
FAX: 704-895-0230

[www.acna.us](http://www.acna.us)

## Antiques & Collectibles National Association

The Antiques and Collectibles National Association was established in 1991 to provide benefits and a trade association to represent dealers. Today ACNA is the largest dealer association in the country with thousands of members in all 50 states.

### MEMBER BENEFITS

Insurance Programs including Property,  
Liability for Shop Owners, Mall Owners,  
Mall Dealers, Show Dealers, Show  
Promoters, and Collectors

Quarterly Newsletter

Certificate of Membership

Merchant Services:

Discounted Rates For Credit/Debit  
Card Processing and Check  
Guaranties - Cards include VISA,  
MasterCard, Discover, and American  
Express

Sell on line through GoAntiques.com

Educational Seminars and Programs

Use of the ACNA Logo

Discount on Home Study program through  
Asheford Institute of Antiques

Health program through America's Business  
Benefit Association

Access to shipandinsure.com

Discounts on Products and Services:

Trade Advertising, Shipping, Travel,  
Dealer Supplies, Security, & More...

### HOW TO JOIN

Complete the Membership Form.

Make your check for \$50 payable to ACNA

Mail to: ACNA  
PO Box 4389  
Davidson, NC 28036

Or Fax to: 704-895-0230

**Questions?? Call us at 1-800-287-7127**

### ESTATE SALES MEMBERSHIP FORM

Business Name \_\_\_\_\_

Your Name \_\_\_\_\_

Spouse/Partner \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business# \_\_\_\_\_

Fax# \_\_\_\_\_

E-Mail \_\_\_\_\_

Web Address \_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_

### CREDIT CARD AUTHORIZATION

Visa Mastercard Discover

Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Amount: Dues \$ \_\_\_\_\_

Last three digits on back of card \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Signature \_\_\_\_\_

# ESTATE SALES PROGRAM RATES

## LIABILITY RATES

Estate Sales Rate—\$455.00 for unlimited Estate Sales on of off your premises

- Add \$26.25 for each show you do over 4 or \$105 for unlimited shows
- Add \$26.25 for each mall location you have a booth in
- Add \$52.50 for each space you rent to others: Offices, Apartments, food areas, etc. (Lessors Risk)
- Add \$105.00 if you have a snack bar
- Add \$210.00 if you have a restaurant
- Add \$26.25 for each additional insured, landlord, etc.
- Add \$52.50 for storage/warehouse

## OPTIONAL LIABILITY COVERAGE

- Add \$52.50 to increase aggregate to \$2 million

Annual premiums include surplus lines tax & policy fee

## LIABILITY INSURANCE

### LIMITS

\$1,000,000 Limit Each Occurrence  
 \$1,000,000 General Aggregate Policy Limit  
 \$1,000,000 Product Liability Limit  
 \$1,000,000 Personal & Advertising Liability Limit  
 \$50,000 Damage to Premises Rented by You  
 \$5,000 Medical Payments  
 \$250 Deductible

### COVERS

Liability at your estate sales, mall booths and show booths & all your business operations  
 Product Liability for the merchandise you sell  
 Personal Injury Liability such as libel, slander, false arrest & false advertising

## COMPUTING YOUR PREMIUM

Liability Rate (A) \_\_\_\_\_  
 Liability Options (B) \_\_\_\_\_  
 Inventory Rate (C) \_\_\_\_\_  
 Property Options (D) \_\_\_\_\_  
 Building Coverage (E) \_\_\_\_\_  
**TOTAL PREMIUM** \$ \_\_\_\_\_

## HOW TO GET INSURED

1. Complete & mail the ACNA membership form. **THIS IS REQUIRED.**
2. Complete the insurance application, make sure you sign & date the application.
3. Complete the premium section & mail your check or completed credit card authorization along with the application to:

**Association Insurance Administrators  
 P.O. Box 4389  
 Davidson, NC 28036**

**Or Fax to: 704-895-0230**

## PROPERTY INSURANCE

- Can cover your inventory at any location: your estate sales, your mall booth, storage, in your home and at shows.
- Covers furniture, fixtures & equipment.
- Covers your property for collision, theft, and vehicle overturn while in transit.
- Covers consigned property in your care & custody.
- NO Coinsurance penalty, however it recommended that you carry insurance to the maximum value (your cost) of your inventory.
- Deductibles starting at \$250. A wind deductible is required in FL and other coastal areas.
- Coverage includes fire, lightning, windstorm, burglary, robbery, accidental breakage, vandalism. *Does not cover, mysterious disappearance (shoplifting) or flood.* Earthquake can be added in CA & WA.
- Coverage on fine jewelry limited to \$2,500 per claim. Coins are NOT covered.
- Per item limit \$5,000—can be increased to \$10,000 for an additional premium.

## INVENTORY RATES

Use the chart below to find the annual rate for the coverage limit you need.

Amount of Coverage	Annual Premium	Amount of Coverage	Annual Premium
\$10,000	\$158	\$35,000	\$448
\$15,000	\$217	\$40,000	\$505
\$20,000	\$274	\$45,000	\$563
\$25,000	\$332	\$50,000	\$621
\$30,000	\$390	Over \$50,000	CALL US

Rates include surplus taxes & policy fee

## OPTIONAL PROPERTY COVERAGES

- **LOSS OF INCOME**—Coverage may be provided for loss of profit & continuing expenses should your business be interrupted by an insured peril. \$6.30 per \$1000 of coverage.
- **EXTERIOR GLASS**—Exterior glass coverage may be provided on non-owned buildings. \$.265 per square foot of glass (we will need glass schedule with sizes & location)
- **OUTDOOR SIGNS**—Coverage for outdoor signs on or off premises. \$2.10 per \$100 of coverage.

## BUILDING COVERAGE

Coverage may be provided on Buildings owned by you.  
**Complete the building section for a quote.**

- Coverage is “All Risk” excluding flood and earthquake.
- Coverage may be provided on a replacement cost or actual cash value (depreciated value) basis.
- The standard deductible is \$1000 and may be increased up to \$5,000. Wind deductible in Florida and other coastal areas.

# Estate Sales APPLICATION FOR INSURANCE

Check  INVENTORY  LIABILITY  BUILDING

1. Your Name \_\_\_\_\_

2. Business Name \_\_\_\_\_  
Business Type:  Sole Proprietor  Partnership  Corporation  LLC  Other \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

4. Business Phone \_\_\_\_\_ 5. Fax# \_\_\_\_\_ 6. Years In Business \_\_\_\_\_

7. Inventory Location: **(This section must be completed)**  
Primary Location: \_\_\_\_\_ Type\* \_\_\_\_\_ Values(Cost) \_\_\_\_\_  
Loc.#2 \_\_\_\_\_ Type\* \_\_\_\_\_ Values(Cost) \_\_\_\_\_  
Loc.#3 \_\_\_\_\_ Type\* \_\_\_\_\_ Values(Cost) \_\_\_\_\_

**More Locations, attach separate sheet.**

\*Type= Shop, Mall, Home, Storage, etc.

Location	Construction	# of fire ext.	Fire Alarm	Burglary Alarm	Sprinkler	Year Built	Year Updated	Describe Other Security
Loc#1	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Loc#2	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Loc#3	<input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

8. What percent of your income is from repair and restoration? \_\_\_\_\_%

9. If coastal, what is the distance to water from your primary inventory location?  
 Less than 1 mile  1 to 5 miles  5 to 10 miles  Over 10 miles

10. Are there any nearby rivers or streams that could pose a flood threat?  Yes  No

11. How many Estate Sales do you do annually? \_\_\_\_\_

12. Are all rises and falls in elevations and steps on your premises clearly marked?  Yes  No

13. Do you keep inventory records on all items?  Yes  No Are your records computerized?  Yes  No

14. In addition to your Estate Sales, do you rent space to any of the following and if so how many?  
Food Service \_\_\_\_\_ Retail Stores \_\_\_\_\_ Flea Market \_\_\_\_\_ Apartment \_\_\_\_\_ Storage \_\_\_\_\_ Other \_\_\_\_\_

15. In addition to your Estate Sales, do you own/operate any of the following and if so indicate receipts:  
Food Service \_\_\_\_\_ Antique Mall \_\_\_\_\_ Flea Market \_\_\_\_\_ Other \_\_\_\_\_

16. What percentage of your inventory is the following: Jewelry \_\_\_\_\_% Coins \_\_\_\_\_% Guns \_\_\_\_\_%  
Rugs \_\_\_\_\_% New Merchandise \_\_\_\_\_% Antiques \_\_\_\_\_% Collectibles \_\_\_\_\_%

17. Maximum Value of any one item: (Consigned Value or Cost) \$ \_\_\_\_\_

18. Do you want to increase the per item limit to \$10,000(additional premium)?  Yes  No (Min. \$50,000 Inventory coverage required)

19. What is the total Value of All Your Inventory Including Furniture, Fixtures & Equipment: \$ \_\_\_\_\_

**20. Amount of Inventory Insurance Requested: \$ \_\_\_\_\_**

21. Have you ever filed for bankruptcy?  YES  NO

22. Have you had a Loss in the past 5 years?  NO  YES, if yes please complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

23. How did you hear about us? \_\_\_\_\_

**Desired effective date: \_\_\_\_\_ (Must be after date mailed and postmarked)**

I agree the answers given on this application are true and accurate and that this application does **NOT** constitute a binder. All questions must be answered before the application will be accepted. If accepted, coverage will be effective on the date requested but not before the postmarked date. It is agreed and understood that coverage for fine jewelry is limited to \$2500 per claim. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. I agree that any intentional concealment of misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

Date \_\_\_\_\_ Signature \_\_\_\_\_ WEB \_\_\_\_\_

# SUPPLEMENTAL ESTATE SALES APPLICATION FOR INSURANCE

Business Name \_\_\_\_\_

**Check the optional coverage you would like added to your policy.**

## **OPTIONAL PROPERTY COVERAGES**

- Increase Maximum per Item Limit to \$10,000
- Loss of Income (Pays for loss of profit and continuing expenses should your business be interrupted by an insured peril)  
Amount of Coverage Desired \$ \_\_\_\_\_  
Determine the amount of monthly profit and continuing expenses and multiply by 3, 6, 12 months or the length of time you'd like coverage.
- Outdoor Signs Coverage: Amount of Coverage \$ \_\_\_\_\_
- Exterior Building Glass: Please provide a schedule of all glass to be covered including description and exact sizes.

## **OPTIONAL LIABILITY COVERAGES**

- Increase Aggregate Limit of Liability to \$2,000,000
- Add liability for Warehouse
- Add liability for an Apartment or Store or Office or Other space rented to others by you.  
How Many? \_\_\_\_\_ Describe \_\_\_\_\_
- Add the following as an Additional Insured onto my policy.( i.e. landlord)  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

## **OPTIONAL BUILDING COVERAGE (One app for each Building) Please attach picture.**

1. Address of Property \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_
2. Amount of Insurance Desired \$ \_\_\_\_\_ Deductible Desired \$ \_\_\_\_\_ (\$1000 Min.)
3. Building is occupied as: \_\_\_\_\_
4. Construction:  Frame (wood)  Masonry with wood joist  Masonry with steel joist  Steel  Other \_\_\_\_\_
5. Within City Limits:  Yes  No      6. Monitored Alarm System:  Yes  No      7. Sprinklered:  Yes  No
8. Year Built: \_\_\_\_\_ Year Updated: Wiring \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_ Heating \_\_\_\_\_
- ALL UPDATES MUST BE WITHIN THE PAST 20 YEARS**
9. Square Footage: \_\_\_\_\_ 10. Number of Stories: \_\_\_\_\_
11. How close is the nearest fire department? \_\_\_\_\_ Nearest fire hydrant?  Within 1000 ft  Over 1000 ft
12. If Coastal, what is the distance to water from this building?  
 Less than 1500 ft.  1500 ft. to 1 mile  1 to 5 miles  5 to 10 miles  Over 10 miles
13. Mortgagee: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Attention: \_\_\_\_\_ Loan#: \_\_\_\_\_

## **CREDIT CARD AUTHORIZATION** VISA MASTERCARD DISCOVER

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Last three digits on back of card \_\_\_\_\_

Card Billing Address: \_\_\_\_\_  
AMOUNT \$ \_\_\_\_\_ SIGNATURE \_\_\_\_\_ WEB