

Scheduled Personal Property Coverage Application

Please read *Coverage for Jewelry, Silverware or Furs* before completing this application.

Name and Address

Policy or Reference Number

Home Telephone _____ Work Telephone _____

To apply for this coverage, you must:

- ◆ Obtain an appraisal of each item. Be sure to follow our *Appraisal Requirements*.
- ◆ Take a photograph of each item.
- ◆ Make a photocopy of your original purchase receipt for each item, if possible.
- ◆ Print and sign a completed copy of this application. You may answer the questions on the computer before printing the form or, if you wish, print the blank form and then write the information by hand.
- ◆ Mail all of the above to:

Property Insurance Department
New Jersey Manufacturers Insurance Company
301 Sullivan Way
P.O. Box 728
West Trenton, NJ 08628-0728

Members of Household

| | Name | Date of Birth (mm/dd/yyyy) | Social Security Number | Occupation |
|----|-------|----------------------------|------------------------|------------|
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ | _____ |

If the person who received the appraisal is not listed above, please provide:

Name _____ Date of Birth (mm/dd/yyyy) _____
Relationship to Applicant _____ Social Security Number _____

