



AUCTIONEER

P.O. Box 4389
Davidson, NC 28036

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

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

AUCTIONEER 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 _____

Auctioneer Program Rates

LIABILITY RATES

Auctions Rate—\$455.00 for unlimited Auctions on or off 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 auctions, 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

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.

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 auctions, 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, and 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.
- Shipping coverage up to \$5000 per occurrence.

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.

COMPUTING YOUR PREMIUM

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

Auctioneer

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 auctions do you do annually? On premises _____ Off premises _____
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 Auction, 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 Auction, do you own/operate any of the following and if so indicate receipts:
 Food Service _____ Antique Mall _____ Flea Market _____ Other _____
16. Do you auction anything other than antiques, collectibles & household furnishings? Yes No
 If yes, describe _____
17. What percentage of your inventory is the following: Jewelry _____% Coins _____% Guns _____%
 Antiques _____% Rugs _____% Collectibles _____% New Merchandise _____%
18. Maximum Value of any one item: (Consigned Value or Cost) \$ _____
19. Do you want to increase the per item limit to \$10,000 (additional premium)? Yes No (Min. \$50,000 Inventory coverage required)
20. What is the total Value of All Your Inventory Including Furniture, Fixtures & Equipment (Your Cost):\$ _____
21. Amount of Inventory Insurance Requested: \$ _____
22. Have you ever filed for bankruptcy? YES NO
23. Have you had a Loss in the past 5 years? NO YES, if yes please complete the following:

DATE	AMOUNT	DESCRIPTION OF LOSS

24. 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 APPLICATION FOR INSURANCE

Business Name _____

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

OPTIONAL 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, or 12 months.
- Outdoor Signs Coverage: Amount of Coverage \$ _____
- Exterior Building Glass: Please provide a schedule of all glass to be covered including description and exact sizes.
- Employee Dishonesty Coverage: Limit Desired \$ _____ (\$5000 Included) # employees? _____
Do they have access to cash register? Yes No Do they have check writing authority? Yes No
- Money and Securities Coverage: Limit Desired Inside premises \$ _____ Outside premises \$ _____
Do you make daily bank deposits? Yes No
- 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 _____
Note: Wiring, roof, plumbing and heating must be updated in the last 20 years or coverage will be quoted on an Actual Cash Value Basis vs. Replacement Cost and Named Peril vs. All Risk.
9. Square Footage: _____ 10. Number of Stories: _____
11. How close is the nearest fire department? _____ The nearest fire hydrant? _____
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