



SHOW DEALER

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

SHOW DEALER 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 \$ _____ Ins. \$ _____

Last three digits on back of card _____

Card Billing Address: _____

Signature _____

LIABILITY INSURANCE

LIMITS

| | |
|-------------|----------------------------------|
| \$1,000,000 | General Aggregate (Policy Limit) |
| \$1,000,000 | Product Liability |
| \$1,000,000 | Personal & Advertising Liability |
| \$1,000,000 | Each Occurrence |
| \$50,000 | Damage to Premises Rented to You |
| \$5,000 | Medical Payments |

COVERS

- Liability in the booths you rent & all your business operations
- Product Liability for the merchandise you sell
- Personal Injury Liability such as libel, slander & false advertising

LIABILITY RATES

Show Dealer- \$155.00 per year
 Add: \$26.25 for each Mall Location
 Add: \$52.50 for a Warehouse or Storage Unit

Optional Coverage:

- Add: \$52.50 for a \$2,000,000 Limit
- Add: \$26.25 for an Additional Insured

HOW TO GET INSURED

1. Complete and mail in the ACNA membership form to become a member. **THIS IS REQUIRED.**
2. Complete the insurance application on the back of this brochure. Sign and Date.
3. Determine the premium for the coverage you want, liability, property, or both. Call if you need help.
4. Mail the insurance application and a check or credit card authorization to:

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

Fax to: 704-895-0230
 Questions? CALL 800-287-7127

PROPERTY INSURANCE

- Covers your property at any location: at shows, in your mall booth, storage, and in your home.
- Covers your property in transit for damage caused by collision, vehicle overturn and theft.
- Covers consigned property in your custody.
- NO Coinsurance penalty, however it is recommended you carry 100% of your maximum value (your cost) to be adequately insured.
- Deductibles starting at \$250. Wind deductibles are required in Florida and other coastal/gulf states.
- 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.

PROPERTY RATES – ALL DEALERS

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 800-287-7127 |

Rates include Surplus Taxes & Policy Fee

PREMIUMS

| | |
|-------------------------|----------|
| Total Liability Premium | \$ _____ |
| Total Property Premium | \$ _____ |
| Total Annual Premium | \$ _____ |

SHOW DEALER APPLICATION FOR INSURANCE

Check One **PROPERTY** **LIABILITY** **BOTH COVERAGES**

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. Check the appropriate squares: Show Dealer, how many shows a year do you do? _____ Malls, how many malls or Co-ops are you in? _____ Other _____

8. Where do you keep your inventory: **(This section must be completed)**
Loc.#1 _____ County _____ Type* _____ Values(Cost) _____
Loc.#2 _____ County _____ Type* _____ Values(Cost) _____
Loc.#3 _____ County _____ Type* _____ Values(Cost) _____

More Locations, attach separate sheet. Type= Mall, Home, Storage **Total Values (Your Cost)** _____

| Location | Construction | Fire Alarm | Burglar Alarm | Sprinkler | Yr Built | Yr 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"/> | _____ | _____ | _____ |
| Loc#2 | <input type="checkbox"/> Frame <input type="checkbox"/> Masonry <input type="checkbox"/> Steel | <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"/> | _____ | _____ | _____ |

9. Does your car have an alarm system? Yes No

10. 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

11. What percent of your income is from repair & restoration? _____%

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

13. Describe your merchandise. _____

14. Maximum Value of any one item: (Your Cost) \$ _____

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

16. Do you do Auctions? YES NO Do you do Estate Sales? YES NO – If yes, How Many? _____

17. What percentage of your inventory is the following: Jewelry _____% Coins _____% Guns _____% Rugs _____%
New Merchandise _____% Antiques _____% Collectibles _____%

18. Amount of Inventory Insurance Requested: \$ _____

19. Would you like to increase your liability limit to \$2,000,000? YES NO (Cost \$52.50 per year)

20. Additional Insured (Name & Address) (Cost \$26.25 per year) _____

21. Have you ever filed for bankruptcy? YES NO

22. Have you had a Loss in the past 5 years? YES NO, 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. Coverage will begin after the application is received and approved. 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. I further understand and agree that the issuance of coverage is based on this application and that this application becomes a part of this policy.

Date _____ **Signature** _____ WEB