

Gulfway Insurers of Hudson Inc
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Bayonet Point, FL 34667

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MODEL TRAIN PHYSICAL DAMAGE PROGRAM

Applicant Information

1. Name of Applicant _____
Mailing Address _____
(Street or P O Box)

(City) (State) (Zip Code)

2. Residential Address _____
(if different from mailing) (Street)

(City) (State) (Zip Code)

3. Contact (Home) _____ (Cellular) _____
(Work) _____ (Email) _____

4. Storage Address _____
Check One: Residential Club

Describe Storage: (check all that apply)

Construction Masonry Frame Metal

Security: Dead Bolts Alarm System Guard Dog Security Guard

Yard area: Completely Fenced Lighted

5. Name of Club or Organization _____
Street Address _____
Hours of accessibility to members _____ Number of days per week _____
Number of Members _____ Approximate number of acres _____

6. Is your equipment ever rented or loaned to others? _____
If Yes, please explain _____

7. Any previous losses in last 5 years whether insured or not? (Description, Amount Paid, & Date)

Fair Credit Reporting Act

Important notice regarding the Fair Credit Reporting Act. In making this application for insurance it is understood that as a part of our underwriting procedure an investigative consumer report or credit report may be prepared whereby information is obtained through personal interviews with your neighbors, friends or others who are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics and mode of living. If an investigation is made, you can be assured that it will be handled in the strictest confidence. If you wish information on the nature and scope of the customer report which may be requested, ask your agent for the address of the company handling your account.

I understand that any false state by me will cause the policy, if issued, to be void as provided by the conditions of the policy. I agree this information shall become the basis for the policy, if issued, and will become part of my file. Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

