



# SHOW DEALER

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**

### 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	<b>OVER 50,000</b>	<b>CALL US 800-287-7127</b>

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