



American National Corporate Centre  
1949 East Sunshine  
Springfield, Missouri 65899-0001  
417-887-0220

American National Property And Casualty Company  
American National General Insurance Company  
American National Lloyds Insurance Company  
ANPAC Louisiana Insurance Company  
Pacific Property And Casualty Company

**SCHEDULED PERSONAL  
PROPERTY APPLICATION**

This Application for Scheduled Personal Property Coverage must be completed whenever 1) a new schedule is added to the policy; 2) a change is made to an existing schedule; or 3) coverage is to be deleted.

Policy Number	Effective Date	Agent's Name	Agent's No.	Office No.
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Insured's Name	Address
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**UNDERWRITING INFORMATION**

<b>Musical Instruments</b>	Does applicant ever receive payment for playing any instrument scheduled herein?	Yes [ ] No [ ]	If yes, give details in remarks.	<b>Cameras</b>	Does applicant ever engage in photography for payment?	Yes [ ] No [ ]	If yes, give details in remarks.
<b>Tools</b>	Does applicant or any household member own tools for any business?	Yes [ ] No [ ]	If yes, do not bind coverage.	<b>Remarks:</b>			

**SCHEDULED PERSONAL PROPERTY**

<b>Transaction Type (must be completed on ALL changes):</b>		<b>Class Codes</b>					
[ ]	New Policy	1. Jewelry	6. Sporting Equipment	11. Collectibles			
[ ]	New Schedule to Existing Policy	2. Furs	7. Fine Arts	12. Guns			
[ ]	<b>Add</b> to Existing Schedule	3. Cameras and Equipment	8. Stamps	13. Pets			
[ ]	<b>Delete</b> From Existing Schedule	4. Musical Instruments	9. Coins				
[ ]	<b>Change</b> Existing Schedule	5. Silverware	10. Tools				

Class Code	Item No.	Trans Type	Description of Item (Serial No. If Any)	Date Purchased	Cost	Appraised Value	ACV or 10% Ded.	Premium

<b>SEE UNDERWRITING GUIDE FOR APPRAISAL REQUIREMENTS</b>	Total Amt. Scheduled \$	Total Premium \$
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**ANTIFRAUD WARNING**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

I, the undersigned, agree that the statements herein are made for the express purpose of inducing the company (this does not constitute a warranty in Kansas and New Mexico) to issue an insurance policy and these statements are true, correct, and complete. I understand that any binder or insurance policy issued as a result of this application will be based on the facts and answers stated herein. I understand that ANPAC may report claim information to insurance support organizations.

This agreement shall be effective when signed below or in counterpart, and photocopy, facsimile, electronic or other copies shall have the same effect for all purposes as an ink-signed original.

_____	X _____	_____
Date	Signature of Applicant (Always Required)	Signature of Agent