



# Proposal for Jewelers' Block Policy

Please type or complete in ink. Answer all questions. If the answer to any question is none, state "NONE." If the answer is left blank or if you fail to sign and date this application it will delay your question.

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

1. a. Our firm or corporation name is: \_\_\_\_\_
- b. The names of the individual members of our firm or of the officers of our corporation are: \_\_\_\_\_
- c. Our premises are located at: \_\_\_\_\_
- d. How long have you carried on business in these premises? \_\_\_\_\_ Elsewhere? \_\_\_\_\_
- e. How many entrances are open to the general public? \_\_\_\_\_
- f. How many entrances are not open to the general public? \_\_\_\_\_
- g. Are all inside show cases equipped with key locks? \_\_\_\_\_
- h. Are show cases kept locked during business hours except when the contents therein are actually being removed or replaced? \_\_\_\_\_
- i. How are show case tops secured? \_\_\_\_\_
- j. Are the premises shared with others? If "yes," state name: \_\_\_\_\_
- k. Give names and addresses of other locations of the Proposer and of other concerns engaged in the Jewelry Trade under the same ownership or management as the Proposer and not included in this Proposal: \_\_\_\_\_

## 2. NATURE OF OUR BUSINESS BASED ON SALES:

Manufacturing/Repair \_\_\_\_\_%; Wholesale \_\_\_\_\_%; Retail \_\_\_\_\_%; Pawnbroking \_\_\_\_\_%

## 3. EMPLOYEES:

- a. How many employees do you have? \_\_\_\_\_
- b. What is the least number of authorized persons on your premises at any time while the premises is occupied for any reason, including while opening and closing? \_\_\_\_\_

**NOTE: The answers to this question as with other questions herein becomes part of the policy and is a warranty.**

## 4. PAST FIVE YEARS EXPERIENCE:

a. Premium	Year	b. Losses: Give complete statement regarding <b>all</b> losses ( <u>insured and uninsured</u> ), including losses under prior ownership and at previous locations, during the past 5 years involving property covered by this form of policy, with dates, nature of loss and amount, name of insured, all whether paid in full or otherwise and state actions taken to prevent this type of loss from reoccurring: _____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____



5. Within your knowledge has any insurer ever cancelled or refused to issue or to continue any insurance to you? \_\_\_\_\_  
Give particulars: \_\_\_\_\_

6. BOOKKEEPING:

- a. Do you retain a detailed stock inventory and keep a permanent record of purchases and sales? \_\_\_\_\_
- b. How often do you take a physical stock inventory? \_\_\_\_\_

7. Are you a member of (a) The Jewelers Security Alliance? \_\_\_\_\_ (b) Jewelers Vigilance Committee? \_\_\_\_\_

8. AMOUNT(S) OF INSURANCE DESIRED AT PREMISES:

- a. On Stock (including other people's goods) \$ \_\_\_\_\_
- b. On Money \$ \_\_\_\_\_
- c. On Patterns, Molds, Models and Dies \$ \_\_\_\_\_
- d. On Furniture, Fixtures, Tools, Machinery and Fittings \$ \_\_\_\_\_
- e. On Tenant's interest in Improvements and Betterments to Building \$ \_\_\_\_\_
- f. Total Amount of Insurance (at premises) \$ \_\_\_\_\_

**The amounts stated above are merely indications and are not to be considered as either increasing or diminishing amounts for which the policy is issued.**

9. WHAT LIMITS DO YOU DESIRE AWAY FROM PREMISES?

- |   |          |   |          |
|---|----------|---|----------|
| a. Registered Mail (\$25,000 deductible applies)        | \$ _____ | **f. Merchants Parcel Delivery Services   | \$ _____ |
| b. Armored Car  | \$ _____ | g. Property in the custody of proposer, employees and members or officers of the firm |          |
| c. Sale Deposit Vault                                   | \$ _____ | (1) Money   | \$ _____ |
| *d. Property in Custody of Dealers                      | \$ _____ | (2) Stock in trade  | \$ _____ |
| e. Independent Commission Salespeople or Selling Agents | \$ _____ |   |          |

\* For limits over \$50,000, list the location(s) and protection on a separate sheet.

\*\* The policy specifically excludes loss or damage to shipments by the U.S. Postal Service (including express mail) unless registered first class.

10. OPTIONAL COVERAGES AND PROVISIONS:

- a. Do you want peak season increase in your premises stock limit?  
If yes, complete time period. From \_\_\_\_\_ To \_\_\_\_\_ ; Amount of increase by \$ \_\_\_\_\_ to \$ \_\_\_\_\_
- b. Deductible: \$1,000 \$2,500 \$5,000 \$10,000. Higher deductible available upon request. Indicate amount \$ \_\_\_\_\_
- c. Do you want coverage at exhibitions promoted or financially assisted by a public authority or trade association? Yes No  
If yes, give details listing the amount to be insured, location, dates, number of people, protection during the show and after hours and the type of transportation to and from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



11. OPTIONAL COVERAGES AND PROVISIONS:

a. In the custody or control of the Proposer, Employees, Members of the Firm, Officers of the Corporation or Salespeople:

1. In cities or towns in which the Proposer's premises are situated.

NAME	TOTAL NUMBER OF DAYS	AVERAGE AMOUNT	MAXIMUM AMOUNT

2. Elsewhere in the states of United States, District of Columbia, Canada and Puerto Rico.


3. Independent Commission Salespeople

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b. WILL ABOVE EXPOSURES MATERIALLY CHANGE IN THE COMING YEAR? \_\_\_\_\_

IF SO, EXPLAIN: \_\_\_\_\_

c. THE NAMES AND HOME ADDRESSES OF THE PROPOSER, EMPLOYEES, MEMBERS OF THE FIRM OR OFFICERS OF THE CORPORATION OR SALESPeOPLE who may have property in excess of \$10,000.00 in their custody or control outside of the Proposer's premises:

NAME	HOME ADDRESS

d. THE ESTIMATED AVERAGE DAILY AMOUNT OF PROPERTY IN THE CUSTODY OR CONTROL OF OTHERS dealing in the trade such as U.S. Customs, appraisers' stores, custom house brokers, repairers, processors, polishers, settlers, or on approval, consignment, or memorandum (excluding commission salesmen) \$ \_\_\_\_\_

e. SHIPMENTS: The TOTAL AMOUNT of property shipped during the last 12 months was:

- (1) Registered Mail \$ \_\_\_\_\_
- (2) Armored Car \$ \_\_\_\_\_
- (3) Merchants Parcel Delivery Services (Including overnight express shipments other than by U.S. Postal Service) \$ \_\_\_\_\_

**NOTE: Answering question 11 does not automatically include coverage. Question 9 must also be answered.**



12. PROPERTY ON DISPLAY IN SHOW WINDOW(S) AT PREMISES OCCUPIED BY PROPOSER.

NOTE: Property displayed in show windows is considered "PROTECTED" only when it is displayed behind swinging plate glass (or its equivalent) secondary to window-pane or behind metal bars or grille entirely across window, or behind shatter-proof (laminated or plastic) glass or in a showcase within the window. Alarm sensors on windows is not protection against smashing.

a. Number of Show windows (opening into the interior of the premises) \_\_\_\_\_
How many are protected against window smashing and how? \_\_\_\_\_

Table with 3 columns: Question, PREMISES OPEN TO BUSINESS (Protected, Unprotected), PREMISES CLOSED TO BUSINESS (Protected, Unprotected). Rows include maximum value displayed and Limit of Liability to apply.

13. a. PREMISES BURGLAR ALARM SYSTEM

- 1. Are your premises protected by a burglar alarm system? central station? or local alarm? or police station connection?
2. Name of protection company?
3. Underwriters Laboratories Certificate No. (Attach copy) Date of expiration
Extent of protection (1, 2, or 3) Grade (AA, A, BB, B, CC OR C)
4. If not U.L. certified, include information from the protection company showing the equipment installed, maintenance agreement and the extent the premises are protected.

b. HOLDUP ALARM AND OTHER PROTECTIVE SYSTEMS:

- 1. Is there a Central Station Holdup Alarm System protecting your premises? Number of signal buttons?
2. Are premises protected by a watchman service? Yes No If yes, give details:
3. Are premises protected by closed circuit T.V. Cameras or surveillance cameras? Yes No If yes, give details:
4. Do entrances have controlled access systems? Yes No If yes, give details:
5. Is there an anti-ambush device or early morning switch incorporated into your alarm system? Yes No
If yes, give details:

14. SAFES AND VAULTS AT PREMISES:

Give explanation of each safe or vault. Include name, make, fire, and/or burglar proof rating, U.L. labels, size, weight, thickness of walls and doors and if fitted with combination lock, time lock or relocking device.

Burglar alarm system:

Central station or local system protecting safes or vaults. If not U.L. certified, give complete information from protection company.

No. 1 \_\_\_\_\_
Protection company name:
Central station? or Local alarm? or Police station connection?
U.L. Cert. No. (Attach Copy):
Grade (AA, A, BB, B, CC, OR C):
Expiration:
Extent of protection (partial or complete):

No. 2 \_\_\_\_\_
Protection company name:
Central station? or Local alarm? or Police station connection?
U.L. Cert. No. (Attach Copy):
Grade (AA, A, BB, B, CC, OR C):
Expiration:
Extent of protection (partial or complete):



15. SAFE AND VAULT AGREEMENT (property on premises):

You agree to keep the following minimum proportion(s) of stock (including other people's property) by value in this safe(s) or vault(s) at all times when premises are closed. Safe No. 1 \_\_\_\_\_%  
 Safe No. 2 \_\_\_\_\_%  
 Out of safe or vault. The following maximum proportion of stock (including other people's property) kept out of safe(s) or vault(s) will be: \_\_\_\_\_%  
 TOTAL: 100%

16. SAFE DEPOSIT VAULT (away from premises):

You agree to keep the following minimum proportion of stock including other people's goods that is kept in a safe deposit vault of a bank, trust or safe deposit company when the premises are closed will be: \_\_\_\_\_%

Name and location of safe deposit vault: \_\_\_\_\_  
 \_\_\_\_\_

17. INVENTORIES of all Property Wherever Located:

- a. The last merchandise inventory was taken on (give date): \_\_\_\_\_ and was exactly \$ \_\_\_\_\_  
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate on (date): \_\_\_\_\_ \$ \_\_\_\_\_
- b. The previous merchandise inventory at least 6 months prior to a. was taken on (give date) \_\_\_\_\_ and was exactly \$ \_\_\_\_\_  
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate on (date): \_\_\_\_\_ \$ \_\_\_\_\_
- c. The maximum amount of our stock during the last 12 months did not exceed \$ \_\_\_\_\_  
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate \$ \_\_\_\_\_
- d. During the last 12 months the estimated average daily amount of other people's property in our custody whether insured or uninsured, was: \$ \_\_\_\_\_

NOTE: This should not include property:

- A. Pledged with pawnbrokers;
- B. Of others in the jewelry trade deposited with the insured for safe custody only.

e. NATURE OF STOCK AS PER LAST MERCHANDISE INVENTORY as set forth in Section 17.a. (excepting pledges):

- 1. Loose Diamonds (Non-industrial) \_\_\_\_\_%
  - 2. Pearls natural and cultured (mounted and unmounted) \_\_\_\_\_%
  - 3. Other unset Precious Stones \_\_\_\_\_%
  - 4. Unset Semi-precious and Imitation Stones \_\_\_\_\_%
  - 5. Jewelry mounted with Diamonds or other Precious Stones \_\_\_\_\_%
  - 6. Other Jewelry including costume jewelry \_\_\_\_\_%
  - 7. Watches, Watch Cases, Watch Bracelets, mounted with Diamonds or other Precious Stones \_\_\_\_\_%
  - 8. Other Watches, Watch Cases, Movements, Parts \_\_\_\_\_%
  - 9. Clocks (including Cases, Movements, Parts) \_\_\_\_\_%
  - 10. Wares: Silver, Pewter, Plated and Stainless Steel \_\_\_\_\_%
  - 11. Jewelers' Findings, Unset Mountings, Material for Manufacture \_\_\_\_\_%
  - 12. All other Stock (Describe) \_\_\_\_\_%
- Total (must equal 100%) \_\_\_\_\_%



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

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS PROPOSAL DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR THE COMPANY TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS PROPOSAL IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS PROPOSAL I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED THAT ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS PROPOSAL ARE FALSE, THE POLICY WILL BE DECLARED VOID FROM ITS INCEPTION AT THE SOLE OPTION OF THE COMPANY.

Signature of Proposer \_\_\_\_\_  
Date \_\_\_\_\_ Title \_\_\_\_\_

19. THIS SECTION TO BE COMPLETED BY THE INSURANCE AGENT

- a. The 80% coinsurance fire contents rate is: \_\_\_\_\_
- b. The construction of the building is \_\_\_\_\_
- c. Is this a single occupant?    Yes    No    If no, describe adjoining occupancies or if a multi-story building, the occupants adjoining and those on the floors above and below: \_\_\_\_\_
- d. If multi-story, how many floors are there? \_\_\_\_\_
- e. Does building have an automatic sprinkler system?    Yes    No
- f. Expiration date of current Jewelers' Block Policy: \_\_\_\_\_ Current Insurer: \_\_\_\_\_
- g. Inspection contract at risk: Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
- h. The Fire rate(s) set forth in this proposal for rating has or have been verified as of this date: \_\_\_\_\_

\_\_\_\_\_  
Signature and Title

\_\_\_\_\_  
Agent or Broker

\_\_\_\_\_  
Address