

**This proposal must be completed in ink or typed and signed. If more than one Premises is to be covered, a proposal form is required for each and every location.**

**Proposed Effective Date:** ..... **Policy Number:** .....

**Billing Type:** Agency Bill: ..... Direct Bill: .....

**Number of Installments:** ..... (1 Pay, 2 Pay, 4 Pay, 8 Pay and 10 Pay)

**1. GENERAL INFORMATION:**

a. Our firm or Corporation name is:

.....

b. The names of individual members of our firm or officers of our corporation are:

.....

c. Our premises are located at:

.....

d. How long has this corporation been in business: ..... Years at this location: ..... Elsewhere: .....

e. List the names and addresses of any other Jewelry business or locations owned or managed by the named Principals and or offers.....

f. Contact Information

1. Name .....

2. Phone Number .....

3. Email Address: .....

4. Website: .....

**2. NATURE OF BUSINESS BASED ON SALES:**

.....% Manufacturing .....% Wholesale .....% Retail .....% Pawn broking

.....% Contracting .....% Other (explain) .....

**3. EMPLOYEES:** a. how many employees do you have? .....

b. What is the least number of employees, officers or owners usually on your premises at any one time during normal business hours, or when opening and closing for business? .....

**4. Previous Insurance and past loss experience (for a minimum of at least the prior 5 year period)**

Prior Carrier	Premium	Date of Loss	Amount of Loss	Nature of Loss
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

If you have answered yes to losses, please explain what preventative measures have been taken to prevent future losses.

.....

**5. Has any insurer ever canceled or refused to issue or continue any insurance for you?**

Yes  No If "Yes", give particulars: .....

**6. MEMBERSHIPS:** Are you a member of: JSA:  Yes  No JA:  Yes  No  
 AGS:  Yes  No AGTA:  Yes  No

**7. PREMISES PROTECTION**

a. ELECTRICAL BURGLAR ALARM SYSTEMS

(1) Are the premises protected by an operating burglar alarm system when closed for business?  
 Yes  No

(2) Where is it monitored?  Central Station  Police Station  Local

(3) a. How is the alarm signal transmitted to the monitoring station?

Derived Channel  Multiplex  Direct Wire  Digital Communicator  
 Two-way radio  One-way radio  Internet  Cellular

b. What is the backup method?

Derived Channel  Multiplex  Direct Wire  Digital Communicator  
 Two-way radio  One-way radio  Internet  Cellular

Line Security (if yes, Grade) ..... Polling Interval in Seconds: .....

4) Name of the company providing the alarm service is: .....

(a) Is the premises alarm company a U/L listed service company?  Yes  No

UL Certificate number: .....

Extent of Protection (1, 2, 3, 4): .....

Alarm investigation response time: .....

Expiration date of UL Certificate: .....

(5) Does the described premises have a motion detection alarm?  Yes  No

Does it cover the safe / vault area?  Yes  No

(6) Does the described premises have a hold-up alarm system?  Yes  No

If "Yes", how many hold-up buttons: .....

(7) Indicate the kind of surveillance system used at the described premises:

Cameras  CCTV with Monitors  CCTV with VCR / DVR  Interface with the Internet  
 Other: .....

(8) Other protective measures not shown above:

Security Guard  Armed Guard  Locked Buzzer Door Entry  Bullet Resistant Windows  
 Other: .....

**8. SAFES AND VAULTS**

A. Description of Safe or Vault:

	1	2	3	4
1. Manufacturer				
2. Rating				
3. Combination Lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Key Lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Protective Devices

1. Relocking Device	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Time Lock	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

C. Electrical Burglar Alarm

1. Protecting Company				
2. Where is it Monitored	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station
	<input type="checkbox"/> Police Station	<input type="checkbox"/> Police Station	<input type="checkbox"/> Police Station	<input type="checkbox"/> Police Station
	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local
3. Type of Protection	<input type="checkbox"/> Complete	<input type="checkbox"/> Complete	<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
4. Grade Certification				
5. UL Certificate Number				
6. Expiration Date				
7. Percent of value in safe				

**9. WARRANTIES AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES WHEN PREMISES ARE CLOSED:** (this section refers only to property described in Section 3 of this Policy)

- a. The proportion by value of property on premises kept in Locked Safes and Vaults protected as indicated under 8b will be: .....%  
 or 8b and 8c (1) will be: .....%  
 or 8b and 8c will be: .....%  
 or 8c (3) will be: .....%
- b. The proportion by value of property on premises kept in other locked safes and vaults will be: .....%  
 Total Out of Safe Limit: \$ \_\_\_\_\_, maximum per item limit of \$ \_\_\_\_\_
- c. The proportion by value of property on premises (including window displays) out of safes and vaults will be: .....%
- d. The proportion by value of property kept in Safe Deposit Vault or Bank, Trust or Safe Deposit Company will be: .....%
- e. Name and address of Safe Deposit vault:  
 .....

**10. BOOKKEEPING:** Do you take a complete physical inventory:  Yes  No If "Yes", how often: .....  
 Inventory Method  Manual - Do you keep a back-up copy offsite  Yes  No  
 Computerized - Do you keep an electronic back-up copy offsite  Yes  No

**11. INVENTORIES** of all Property Wherever located: (please give exact figures if at all possible) .....

- a. The last merchandise inventory was taken on \_\_\_\_\_, and was (approx.) .....
- b. The previous merchandise inventory taken at least 6 months prior was taken on \_\_\_\_\_, and was (approx) .....
- c. The maximum amount of our stock during the past 12 months did not exceed (approx.) .....
- d. During the past 12 months, the estimated daily amount of other people's property in our custody was: .....

**12. BREAKDOWN OF INVENTORY:** based on most recent inventory (estimated)

- a. Loose diamonds and other precious stones: .....%
  - b. Unset semi-precious or imitation stones: .....%
  - c. Pearls (natural or cultured): .....%
  - d. Jewelry mounted with diamonds or other precious stones: .....%
  - e. Jewelry mounted with semi-precious stones, or gold jewelry: .....%
  - f. Watches, watchcases, etc. ....%
  - g. Jewelry samples (brass or imitation jewelry) .....%
  - h. Other (specify) .....%
- Approximate value of average item in inventory: \$ .....
- Approximate maximum value of item in inventory: \$ .....

**13. PROPERTY OTHER THAN STOCK AND OTHER PEOPLE'S GOODS.**

The actual cash value (cost to replace with material of like kind and quality, less depreciation) of Property on which Insurance has been requested is estimated by us to be: \$ .....

Furniture, fixtures, tools, machinery and fittings: \$ .....

Tenant's Improvements and Betterments to Buildings: \$ .....

**14. DESCRIPTION OF PREMISES:**

- a. The usual business days and hours are: .....
- b. The number of entrances: open to the general public is: .....  
not open to the general public is: .....
- d. The number of inside show cases are: .....
  - 1) Are they equipped with locks:  Yes  No
  - 2) Describe locks  Self-locking  Snap Locks  Key locks  Other: .....
  - 3) Are show cases kept locked during business hours except when the contents are actually being removed or replaced?  Yes  No
  - 4) How are the show case tops secured? .....
- e. Is the premises shared with others?  Yes  No  
If "Yes", with whom: .....

**15. PROPERTY OUTSIDE OF OUR PREMISES AS SET FORTH IN QUESTION 1C DURING THE LAST 12 MONTHS:**

- a. In the custody or control of the Proposer, Employees, Members of the Firm or Officers of the Corporation or Salespeople:
  - (1) In cities or towns in which the Proposer's premises are situated

Name	Average days away	Average amount carried	Maximum Amount carried
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(2) Elsewhere in the United States, the District of Columbia, Canada and Puerto Rico

Name	Average days away	Average amount carried	Maximum Amount carried
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(3) Commissioned Salespeople

Name	Average days away	Average amount carried	Maximum Amount carried
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

(4) Elsewhere

Name	Countries	Average days away	Average amount carried	Maximum Amount carried
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

b. Names and home addresses of the Principals, Employees, Members of the Firm or Officers of the Corporation, or Salespeople who may have property in excess of \$5,000 in their custody or control outside of the Proposer's premises:

Names of any and all employees automatically covered	Home Address

c. **THE ESTIMATED AVERAGE DAILY AMOUNT OF PROPERTY IN THE CUSTODY OR CONTROL OF OTHERS** such as U.S. Customs, appraisers' stores, custom house brokers, repairers, processors, polishers, setters, or on approval, consignment, or memorandum (excluding commissioned salespeople) \$.....

**16. WARRANTIES AS TO PROPERTY ON DISPLAY IN SHOW WINDOW(S) AT PREMISES (INCLUDING OUTSIDE SHOWCASE DISPLAY ON PREMISES) OCCUPIED BY PROPOSER.**

Note: Property displayed in show windows, and in show cases not opening into the interior of the premises, 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 the window or showcase, or behind shatterproof (laminated or plastic) glass or in a showcase within the window. Taped windows are NOT considered protected.

- a. Number of show windows (opening in to the interior of the premises): .....
- How many are protected against window smashing, and how: .....
- Number of outside showcases: .....
- Describe cases and location: .....
- How are they protected against forcible entry? .....
- b. Limit of Liability to apply (These values are Limits, not warranties.)

	When premises open for business		When premises closed for business	
	Protected	Unprotected	Protected	Unprotected
In any one show window	\$	\$	\$	\$
In any one outside showcase	\$	\$	\$	\$
In all windows and outside showcases	\$	\$	\$	\$

**17. SHOW CASE AND SHOW WINDOW DISPLAYS OF PROPOSER NOT AT PREMISES OCCUPIED BY PROPOSER.**

If the proposer desires insurance on property displayed in show cases or show windows in building lobby or elsewhere than at premises occupied by proposer, furnish full particulars of each display:

.....

**18. AMOUNTS OF INSURANCE DESIRED AT THE DESCRIBED PREMISES:**

The maximum liability of the Company resulting from any one loss, disaster or casualty is limited to:

Coverage Element	Limit of Liability	Deductible
a.1. On stock at the proposer's Premises (including other peoples goods)	\$ _____	\$ _____
a.2. Giftware included within Premises Limit of Liability (Include description of items within inventory per question 12.h.)	\$ _____	\$ _____
b. Peak Season Increase:		
b.1. Peak Season Increase: From _____ To _____	\$ _____	\$ _____
b.2. Peak Season Increase: From _____ To _____	\$ _____	\$ _____
c. On Money in Locked Safe(s) at proposer's premises against Theft by safe being broken open	\$ _____	\$ _____
d. On Patterns, Molds, Models and Dies	\$ _____	\$ _____
e. On Furniture, Fixtures, Tools, Machinery and Fittings at Proposer's premises	\$ _____	\$ _____
f. On Tennant's interest in Improvements and Betterments to Building(s)	\$ _____	\$ _____

**19. AMOUNTS OF ALL INSURANCE DESIRED OFF PREMISES:**

The maximum liability of the Company resulting from any one loss, disaster or casualty is limited to:

Coverage Element	Limit of Liability	Deductible	Annual Turnover
a. In Transit by:			
1. Registered Mail	\$ _____	\$ ZERO	\$ _____
2. US Express Mail	\$ _____	\$ ZERO	\$ _____
3. Armored Car	\$ _____	\$ _____	\$ _____
4. Merchants Parcel Delivery Service(Include Method, Federal Express, Federal Express DVX/DVA, UPS, Parcel Pro)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

**Coverage Element**

**Limit of Liability**

**Deductible**

5. Property in a Safe Deposit Vault of a Bank, Trust, or Safe Deposit Company	\$ _____	\$ _____
6. Property in the custody of dealers (memorandum)	\$ _____	\$ _____
7. Property in the custody of a commissioned salesperson or selling agent	\$ _____	\$ _____
8. Property in the custody of employees, officers, principals, while away from described premises	\$ _____	\$ _____
9. Increasing for: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

**20. Additional Insuring Agreements:**

1.a. On Money/Robbery Against All Risks On Premises	\$ _____	\$ _____
1.b. On Money/Robbery Against All Risks Off Premises	\$ _____	\$ _____
2. Mysterious Disappearance	\$ _____	\$ _____
3. Property being Worn <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises	\$ _____	\$ _____
4. Appraisal Liability	\$ _____	\$ _____
4.a. Covered Appraisers: _____ _____ _____	Per Occurrence \$ _____ Annual Aggregate	
5. Work or Operations <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises	\$ _____ Per Occurrence \$ _____ Annual Aggregate	\$ _____
6. Employee Dishonesty	\$ _____	\$ _____

**21. Exhibition / Trade Shows**

Show / Event	City, State, Country	Date	Limit of Liability	Deductible	Transits Required
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

If Transits are included, amount if any insured with the Shipper: \$ \_\_\_\_\_

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



**22. APPLICANTS STATEMENT AND WARRANTY**

The signing and delivery of this proposal does not bind the Proposer to complete the insurance, nor the Company(s) to issue a policy, but each answer given above shall constitute a warranty shall a policy be issued.

However, should a policy be issued, I the undersigned, represent that the statements made in this application and any application supplements are true, and acknowledge that the acceptance and pricing of the policy is based on these statements.

A copy of this application and any attachments will be attached to and made part of the policy.

If I, the undersigned, have made any false statements or misrepresentations on the application, coverage for a claim may be denied.

**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 FELONY**

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date