



Proposal For Jewelers' Block Policy

To be effected with

This proposal must be completed in ink or typed and signed. One signed copy, together with signed supplementary information, if any, will be attached to the policy. All questions must be answered as quotations cannot be given on incomplete proposals. If the answer to any question is none, state "NONE" or "NIL". The answers to questions 2, 11a, 11c, 11d, 17c, and 17d must be based on the 12 month period immediately preceding the date of this renewal.

1. GENERAL INFORMATION:

- a. Our firm or Corporation name is: _____
- b. The names of the individual members of our firm or the officers of our corporation are: _____

- c. Our premises is located at: _____
- d. How long has this corporation been in business: _____ How long at this location: _____
Elsewhere: _____

**2. NATURE OF BUSINESS BASED ON SALES: Manufacturing: ___% Wholesale: ___%
Retail: ___% Pawnbroking: ___%**

3. EMPLOYEES:

- a. How many employees have you? _____
- 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
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	
	\$		\$	

5. Has any insurer ever canceled or refused to issue or to continue any insurance for you? Yes No
If "Yes", give particulars: _____

6. **BOOKKEEPING:** Do you take a complete physical inventory: Yes No

If yes, how often?: _____

7. **MEMBERSHIPS:** Are you a member of: **JSA:** Yes No; **JA:** Yes No; **AGS:** Yes No;

AGTA: Yes No

8. AMOUNTS OF INSURANCE DESIRED:

a) \$	On stock at the proposer's premises (including other peoples goods)
b) \$	On Money in Locked Safe(s) at proposer's premises against Theft by safe being broken open
c) \$	On Patterns, Molds, Models and Dies at Proposer's premises
d) \$	On Furniture, Fixtures, Tools, Machinery and Fittings at Proposer's premises
e) \$	On Tennant's interest in Improvements and Betterments to Building(s)
f) \$	Total amount of Insurance

9. WHAT LIMITS DO YOU REQUIRE FOR CLAUSE 2 OF THE POLICY?

2(B)(1) \$	Registered Mail (the first \$25,000. must be insured with the U.S. Postal Service)
(2) \$	Armored Car
(3) \$	Property in a Safe Deposit Vault of a Bank, Trust, or Safe Deposit Company
(4) \$	Property in the custody of dealers (memorandum)
(5) \$	Property in the custody of a commissioned salesperson or selling agent
2(C) \$	All other shipments covered by this policy
2(D) \$	Property in the custody of employees, officers, principals, while away from described premises
\$	Increasing for the following:

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.

10. OPTIONAL COVERAGE'S AND PROVISIONS:

a. Do you wish to cover at premises referred to in answer to Question 1c:

- (1) Flood? Yes No
- (2) Earthquake? Yes No
- (3) Fire? Yes No

b. Deductible that you wish to have: \$2,500. \$5,000. \$10,000. \$25,000.

Other: _____

11. 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:

Name	Home Address
Any & all employees automatically covered	

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) \$_____

d. **SHIPMENTS:** The TOTAL AMOUNT of property shipped at OUR RISK during the last 12 months did not exceed:

- (1) Registered Mail \$_____
- (2) Armored Car \$_____

- (3) Overnite Sendings:
 - a) Federal Express \$ _____
 - b) MA Express / ONE Service / etc \$ _____
- (4) Air Freight \$ _____

12. WARRANTIES AS TO PROPERTY ON DISPLAY IN SHOW WINDOW(S) AT PREMISES (INCLUDING OUTSIDE SHOW CASE 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	\$ _____	\$ _____	\$ _____	\$ _____

13. 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.

14. 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. How is the alarm signal transmitted to the monitoring station?

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

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): _____

Grade Certification: (A, AA, B, BB, C, CC): _____

Alarm investigation response time: _____

Expiration date of UL Certificate: _____

5. Does the described premises have 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
 Other: _____

8. Other protective measures not shown above (security guards, locked buzzer door entry system, bullet resistant windows, etc.)

15. 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				

16. 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. If more than one premises, give details for each:
 (1) The proportion by value of property on premises kept in Locked Safes and Vaults protected as indicated under 15b will be: _____%

- or 15b and 15c (1) will be: _____ %
- or 15b and 15c will be: _____ %
- or 15c (3) will be: _____ %
- (2) The proportion by value of property on premises kept in other locked safes
And vaults will be: _____ %
- (3) The proportion by value of property on premises (including window displays) out
Of safes and vaults will be: _____ %
- (4) The proportion by value of property kept in Safe Deposit Vault or Bank, Trust or
Safe Deposit Company will be: _____ %
- (5) Name and address of Safe Deposit vault: _____

17. **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 excess (approx.) _____
- d. During the past 12 months, the estimated daily amount of other people's property in our custody
was: _____

18. **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: \$ _____

19. **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: \$ _____

20. **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 _____
- c. Names and addresses of other locations in the jewelry trade under the same ownership or
management not listed in this proposal are: _____
- 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 etc.): _____

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? _____

21. 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

Applicant's Signature: _____

Date: _____

Agency / Producer: _____
Title Contact phone no.

Expiration date of current policy: _____

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA	WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK	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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.
OHIO	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
OKLAHOMA	WARNING – Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
OREGON	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
PENNSYLVANIA	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.
TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.