



**JEWELERS BLOCK INSURANCE APPLICATION**

**PART A. GENERAL UNDERWRITING INFORMATION**

**1. Names and Locations**

a. Company/Business Name: \_\_\_\_\_

b. Officers or Owners: \_\_\_\_\_

c. Our premises are located at: \_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *County*                      *State*                      *Zip-Code*

d. Contact: \_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Phone*                                      *Fax*

\_\_\_\_\_  
*E-Mail*

e. We share our premises with: \_\_\_\_\_

f. Our usual business hours are: \_\_\_\_\_

g. We have carried on business at this address since: \_\_\_\_\_

Total years of experience in the industry: \_\_\_\_\_

h. Names and addresses of other locations or other concerns engaged in Jewelry Trade under the same ownership or management and not included in this proposal: \_\_\_\_\_

i. We are members of:     JA     JSA     IWJG     AGTA     IJO     Other \_\_\_\_\_

**2. Nature of Business during the Last 12 months:**

Our Operations                       Wholesale                       Retail     MFG/Contractors                       Loose Stone Dealer  
Primarily Consist of:                       Repair Trade

**3. Policy Period:**

From: \_\_\_\_\_                      To: \_\_\_\_\_

**Gross Revenue:** \$ \_\_\_\_\_

**4. Employees:**

a. The total number of our employees who are employed at this Location: \_\_\_\_\_

b. The least number of authorized persons on our premises during business hours or opening or closing for business is: \_\_\_\_\_

**5. Past Experience:** Have you suffered any losses, insured or uninsured, in the last 5 years involving property covered by this policy?  Yes  No

Date	Nature of Loss	Amount Paid

If there has been losses, what have they done to prevent a future loss?

Date	Location & Preventative Action Taken

**6. Cancellations or Refusals: Has any insurer ever canceled or refused to issue or continue any insurance for you?**  Yes  No If Yes, give reason?   
 \_\_\_\_\_  
 \_\_\_\_\_

**7. Premises And General Information**

- 1. Type of Business:  Corporation  Partnership  Individual  LLC
- 2. Construction Type:  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Fire Resistive  Other \_\_\_\_\_
- 3. Year Built: \_\_\_\_\_ Sq. Feet: \_\_\_\_\_ Year of updates: \_\_\_\_\_ Wiring \_\_\_\_\_ HVAC \_\_\_\_\_
- 4. Number of Stories: \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_
- 5. Is your premises located in a Coastal Area?  Yes  No If "yes", miles from Coast? \_\_\_\_\_

**\* Coastal Area is defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, MS, LA, TX, GA, SC, NC & NJ.**

- 7. Are there video cameras?  Yes  No  
 Recorder?  Yes  No  
 Monitor(s)?  Yes  No  
 If yes, Are they Digital?  Yes  No  
 Is CCTV interfaced with the internet?  Yes  No
- 8. Are there:  Armed Guard  Buzzer Entry  Man-Trap  
 Un-Armed Guard  Anti Ambush Device
- 9. Is your premises located inside an enclosed mall?  Yes  No

**PART B. PROTECTION**

**1. Premises Alarm System**

- Do you have a burglar alarm system installed in your store?  Yes  No
- Name of Alarm Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_
- Is the Alarm System UL Certified?  Yes  No
- If Not, Please have alarm company fill out alarm form*
- Do you have a recent copy of your UL Certificate?  Yes  No *If so, must provide copy*
- UL Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART B. PROTECTION CONT.**

- a.) Type of system:  Central Station  Mercantile  Local Device Only
- b.) Do all doors have Alarm contacts:  Yes  No  
 Are Motion Sensors connected to your Alarm:  Yes  No
- c) Is Line Security in Place:  Yes  No
- d) Type of Line Security:  DSL Internet  Two Way Radio  Derived Channel  GSM-GPRS  
 Other Line Supervision:  Cellular Backup \*  One Way Radio \* *\*Not Considered Line Security By U.L.*
- e) Do you have hold-up buttons:  Yes  No If So, how many:

**2. Safes and Vaults:**

- a) Do you have a safe or walk in vault?  Safe  Walk in Vault

**If Safe:**

- a) How many safes do you have?  (If you have more than one safe please submit on separate page)

SAFE 1

SAFE 2

Manufacturer

UL Rating/Type

- b) Type of Protection:  Complete  Partial  Complete  Partial

**A motion detector over the safe(s) is not considered partially or completely protected.**

SAFE 3

SAFE 4

Manufacturer

UL Rating/Type

- b) Type of Protection:  Complete  Partial  Complete  Partial

**A motion detector over the safe(s) is not considered partially or completely protected.**

- c) Method of Protection:  Proximity Sensor  Vibration Sensor  Shock Sensor  Door Contact  
 Motion Sensor

- d) UL Certificate #  Expiration Date:

**If Walk-In Vault:**

- a) What is the UL rating on the vault?  Class M  Class I  Class II  
 Class III  No Rating
- b) Construction of Vault:  Modular  Poured Concrete  Masonry Block  
 If Poured Concrete, are Rebar Reinforcement or Ball Bearings utilized?  Yes  No
- d) Is the vault wired to the alarm?  Yes  No  
 Type of Protection:  Complete  Partial
- e) Method of Protection:  Proximity Sensor  Vibration Sensor  Shock Sensor  
 Door Contact  Motion Sensor

- f) UL Certificate #  Expiration Date:   
*If different from premises*

**PART C. EXPOSURE**

**1. Inventory of all property wherever located:**

a. Last merchandise inventory		at least 6 months prior		Estimated Maximum Inventory During The Last 12 Months Including Goods In Your Possession On Memo. This Can Be More Or Less On Occasions
<u>Date</u>	<u>Value</u>	<u>Date</u>	<u>Value</u>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

b. The estimated average daily amount of other people's property in our custody or control during the last 12 months was:  (Included in the Maximum Limit Shown Above)

c. The proportion by value of jewelry on premises put away in a safe/vault while closed: (Excluding Giftware)  
 In and out of locked Safes/Vaults: *This is a limit for jewelry out of safe, it is not a warranty.*

<u>Total Limit in Safe/Vault 1</u>	<u>Total Limit in Safe/Vault 2</u>	<u>Total Limit in Safe/Vault 3</u>	<u>Coverage While Closed Out of Safe(s) &amp; Vaults Non-Peak</u>	<u>Coverage While Closed Out of Safe(s) &amp; Vaults Peak</u>	<u>Total Per Item Out</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

d. (1) The proportion by value of property kept in Safe Deposit Vaults will be:

(2) Name and address of Safe Deposit Vaults:

e. (1) We keep stock records:  Yes  No

(2) Do you keep an itemized inventory?  Yes  No

f. (1) How often is inventory taken?  (2) Is inventory computerized?  Yes  No

g. What estimated Percentage of your stock is loose Diamonds?

h. Are all purchases from the public valued at the estimated replacement cost in your inventory?  Yes  No

i. Is any of the jewelry left out of safe when closed for business kept somewhere other than in locked showcases?  Yes  No

If yes, Please explain:

**2. Annual estimate of property shipped excluding shipments at our own risk and/or under the policy deductible amount. (Not to include shipments to and from trade shows/exhibitions)**

	<u>Estimated Annual Values Shipped</u>
Federal Express	<input type="text"/>
United Parcel Service	<input type="text"/>
U.S.P.S. Registered Mail	<input type="text"/>
U.S.P.S. Express Mail	<input type="text"/>
Armored Car	<input type="text"/>

**3. What is the total average estimated daily amount given out on Memo?**





**5. Is Exhibition/ Trade Show Coverage Required:**

Yes  No

If "Yes", please complete below:

Event	Event Dates	Amount

(1) Is trade show coverage to include transits via armored car?  Yes  No

**6. Show Window Display at Premises Occupied by the Proposer and Outside Showcase Displays**

NOTE: Property displayed in show windows, and in show cases not opening into the interior of the premises, is considered "protected" only when displayed behind swinging plate glass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across window or show case, or behind special laminated or Bullet Resistive Glass or Lexan.

a. Is show window coverage desired?  Yes  No

Number of Show Windows (opening into the interior of the premises):

How many are protected against window smashing?

How are they protected?  Swinging Plate  Lamination  Bullet Resistive  Metal Gate/Bars

Number of Outside Show Cases?

b. VALUE DISPLAYED	OPEN TO BUSINESS		CLOSED TO BUSINESS		
	LIMIT OF LIABILITY	Protected	Unprotected	Protected	Unprotected
1 All windows/cases.....					
2 One Window.....					
3 One outside showcase.....					

c. Describe windows/cases not at premises, but to be insured:

**PART D. AMOUNTS OF INSURANCE AND LIMITS REQUIRED**

**1. Jewelers Block Related Coverage:**

LIMIT

DEDUCTIBLE

Stock including other peoples goods.....

Giftware (All Risk Breakage).....

Seasonal Increase? From: \_\_\_\_\_ To: \_\_\_\_\_

Also: From: \_\_\_\_\_ To: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

On Money against all risks.....

On Patterns, Molds, Models and Dies.....

On Furniture, Fixtures, Tools, Machinery, Fittings(Including Safe(s)/Vault(s))

On Tenant's Interest in Improvements & Betterments.....

**2. Amounts of Insurance Desired Off Premises:**

Registered Mail.....

Armored Car.....

Safe Deposits Vaults.....

Entrustments in Custody of Dealer.....

USPS Express Mail Only.....

Merchants Parcel Delivery Service (Fed Ex, UPS, or USPS).....

Unspecified Private Paid Delivery Service (Local Courier).....

In Custody of Principals, Officers, Employees or Commissioned  
Salespeople off any described Premises.....

Property while being worn on or off premises.....

Property away from your premises and not included above.....

**3. Special Provisions:**

Condition "M" Amended:  Yes  No

If "No", what is the on Premises Mysterious Disappearance Limit to apply: \_\_\_\_\_

**Valuation:**  Replacement Cost  Cost of Materials plus labor for manufactured merchandise.

Stated Value for customer's merchandise in for repair or consignment. If there is no stated value, valuation is based on wholesale replacement cost.

Memo or consignment goods at memo or consignment price.

Other \_\_\_\_\_

Other Coverage conditions or additions not listed above:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART E. LOSS PAYEES**

\_\_\_\_\_  
 \_\_\_\_\_

**Signing this proposal and declaration does not bind the proposer to complete the insurance but it is understood that any intentional misrepresentation of any information is considered insurance fraud and is punishable by the laws governed in your particular state.**

**Date:** \_\_\_\_\_

**Signature of Proposer:** \_\_\_\_\_