



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. Criminal History: Please confirm whether you have been convicted of any criminal offense of any nature or have any criminal conviction pending. Yes No

If yes, provide details:

6. 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

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

8. 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) & Vaults Non-Peak</u>	<u>Coverage While Closed Out of Safe(s) & 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?

4. Travel Exposure.

A. Proposers Employees, Members of the Firm or Officers of the Corporation or Salesmen or Commission Salesmen Who Had Custody or Control Outside of Our Premises During Last 12 Months
Includes PDH Coverage.

1. Within a 100 mile radius of cities, towns or counties in which premises are situated.

<u>Name(s)</u>	<u>Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

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

<u>Name(s)</u>	<u>No . Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

3. Elsewhere (Worldwide)

<u>Name(s)</u>	<u>No . Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

4. Unattended Auto Coverage:

This policy excludes loss or damage to property while in or upon any automobile or vehicle unless, at the time the loss or damage occurs, there is actually in or upon such vehicle, the assured, the assureds' employee or a person whose sole duty is to attend the vehicle. Unattended auto coverage can be purchased for an additional premium. In order to qualify for unattended auto coverage, all vehicles in which coverage is to apply must be equipped with a "Babaco Jeweler's Special" alarm system approved by underwriters.

(1) Do you want to purchase coverage for losses from within an unattended auto? Yes No

(2) If "Yes", please indicate below the name(s) of travelers in which coverage is to apply:

a. Within a 100 mile radius of cities, towns or counties in which premises are situated.

<u>Name(s)</u>	<u>No. Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>	<u>VIN # of Auto to be Covered</u>

b. Elsewhere in the states of the United States, the District of Columbia, Canada & Puerto Rico:

<u>Name(s)</u>	<u>No. Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>	<u>VIN # of Auto to be Covered</u>

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	<u>Protected</u>	<u>Unprotected</u>	<u>Protected</u>
1 All windows/cases.....	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2 One Window.....	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3 One outside showcase.....	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>

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: _____