



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:
d. Contact:
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) &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?**







**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).....

Out of Safe (when closed for business at night).....

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