

PROPOSAL FOR JEWELERS BLOCK COVERAGE FORM

To Be Effective With

Name of Insurance Company

A separate proposal must be completed for each location and signed in duplicate. One signed copy, together with signed supplementary information, if any, will be attached to the Coverage Form.

Quotations cannot be given on incomplete proposals. If the answer to any question is none, state "NONE" or "NIL".

1. a. Our firm or corporation name is _____

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

_____ Floor St. No. City County State

c. Our premises are located at _____

d. The number of entrances: _____ open to the general public and _____ not open to the general public.

e. Usual business hours are _____

f. Give names and addresses of other locations of the Proposer and of other concerns engaged in the jewelry trade under the same ownership or management as the Proposer and not included in this Proposal: _____

g. Are the premises shared with others? If "yes", state name: _____

2. Indicate % of sales that is other than retail _____ %

3. **EMPLOYEES:** a. How many employees do you have? _____ b. What is the least number of employees, officers or owners customarily on your premises at any time during business hours or when opening or closing for business? _____

4. LATEST THREE YEARS EXPERIENCE

Year	Premium	Losses
_____	_____	_____
_____	_____	_____
_____	_____	_____

– Give statement covering all losses (insured and uninsured), whether paid in full or otherwise, during the latest 3 years involving property covered by this form, with dates, nature of loss, amount and name of company.

5. **NAME OF PRIOR CARRIER** _____

6. BOOKKEEPING

- a. Do you keep a detailed and itemized inventory of your stock? _____
- b. Do you keep a record of purchases and sales? _____
- c. Do you maintain detailed records of the property of others in your care, custody or control? _____
- d. How often do you take a physical stock inventory? _____

7. Are you a member of the Jewelers' Security Alliance? _____

8. LIMITS OF INSURANCE DESIRED

NOTE: Limit cannot be less than 80% of average inventory values for each location.

- a. \$ _____ Stock (including other people's goods)
- b. (1) \$ _____ In transit by Registered Mail;
- (2) \$ _____ In transit by Armored Car;
- (3) \$ _____ In transit by Merchants Parcel Delivery Services;
- (4) \$ _____ All Other Shipments Covered by Coverage Form;
- c. \$ _____ At the premises of sales agents, dealers, processors or similar custodians;
- d. \$ _____ Safe Deposit Vault;
- e. \$ _____ Off Premises Coverage including Travel and Messenger.

9. OPTIONAL ADDITIONAL COVERAGES AT PROPOSER'S PREMISES

NOTE: Limit cannot be less than 100% of actual value for Items (2) and (3) below.

- (1) \$ _____ On Money in Locked Safe against Burglary
- (2) \$ _____ Furniture, Fixtures and Office Supplies
- (3) \$ _____ Improvements and Betterments
- (4) \$ _____ Machinery, Tools and Fittings
- (5) \$ _____ Patterns, Dies, Molds and Models
- (6) \$ _____ Flood
- (7) \$ _____ Earthquake

10. OPTIONAL DEDUCTIBLE

NOTE: This insurance is based on a \$500 Mandatory Deductible applicable to all loss or damage.

If a higher deductible is desired, _____ \$ 1000 _____ \$ 5000
 check one _____ \$ 2500 _____ \$ 10,000 _____ Other

Do you desire a \$25,000 registered mail deductible? _____

11. INVENTORIES OF ALL PROPERTY WHEREVER LOCATED

If you can give your exact monthly inventories for the last 12 months attach a slip here showing these inventories with the date of each and questions **a.**, **b.** and **c.** of this section need not be answered.

- a. The last merchandise inventory was taken on
(give date) _____ and was exactly \$ _____
- b. The previous merchandise inventory at least 6
months prior to **a.** was taken on (give date)
_____ and was exactly \$ _____
- c. The maximum amount of our stock during the
last 12 months did not exceed \$ _____

d. During the last 12 months the estimated average daily amount of other people's property in our care, custody or control for any purpose whatsoever, whether insured or uninsured, was \$ _____
of which unset diamonds (Non-industrial) was \$ _____

NOTE: This should not include property of others in the jewelry trade deposited with the Proposer for safe keeping only.

12. PROPERTY ON DISPLAY IN SHOW WINDOWS AT PREMISES (INCLUDING OUTSIDE SHOWCASE DISPLAY ON PREMISES) OCCUPIED BY PROPOSER

NOTE: Property displayed in show windows and in showcases 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 window or showcase, or behind shatterproof laminated glass or behind other burglary resistive glazing material such as polycarbonate or acrylic. (Taped windows are not considered protected.)

a. (1) Number of show windows _____
How many are protected against window smashing and how?

How many open into the interior of the premises? _____
How are these openings protected against theft? _____

(2) How many showcases are outside? _____ How are they protected against forcible entry?

(3) Number of Inside Showcases _____
Are they equipped with locks? _____
Describe locks (self-locking, key locks, snap locks, etc.) _____

Are showcases kept locked during business hours except when the contents therein are actually being removed or replaced? _____
How are showcase tops secured? _____

		PREMISES OPEN TO BUSINESS		PREMISES CLOSED TO BUSINESS	
		<u>Protected</u>	<u>Unprotected</u>	<u>Protected</u>	<u>Unprotected</u>
b.	The maximum value displayed during the policy period will not exceed:				
(1)	In all windows and outside show-cases	\$ _____	\$ _____	\$ _____	\$ _____
(2)	In any one window	\$ _____	\$ _____	\$ _____	\$ _____
(3)	In any one outside showcase	\$ _____	\$ _____	\$ _____	\$ _____
c.	Limit Of Insurance to apply:				
(1)	In all windows and outside show-cases	\$ _____	\$ _____	\$ _____	\$ _____
(2)	In any one window	\$ _____	\$ _____	\$ _____	\$ _____
(3)	In any one outside showcase	\$ _____	\$ _____	\$ _____	\$ _____

13. SHOWCASE AND SHOW WINDOW DISPLAYS OF PROPOSER NOT AT PREMISES OCCUPIED BY PROPOSER

If Proposer desires insurance on property displayed in showcases or show windows in building lobby or elsewhere than at premises occupied by Proposer, furnish full particulars of each display.

14. TRAVEL AND MESSENGER

The average value of property outside of the Proposer's premises during the last 12 months in the care, custody or control of the Proposer, messengers, employees, members of the firm or officers of the corporation was \$ _____ per day. The maximum was \$ _____ .

The maximum amount of property in the care, custody, or control of others, except as provided above, during any one period during the last 12 months was \$ _____ .

15. SHIPMENTS

The total amount of property to be shipped at our risk during the policy period is estimated to be:

- a. Registered Mail \$ _____
- b. Armored Car \$ _____
- c. Merchants Parcel Delivery Services \$ _____
- d. All Other Shipments Covered by Coverage Form \$ _____

16. BURGLARY PROTECTION OF PREMISES, SAFES, VAULTS OR STOCKROOM

Protection Provided	Alarm Company	Type of Installation	Connected With	Grade Certification	
Premises	_____	High (1)	_____ U.L. Certified	_____ A _____ AA _____	
		Intermed. (2)	_____ Central Station	_____ B _____ BB _____	
		Basic (3)	_____ With Key	_____ C _____ CC _____	
		Police Connect	_____ U.L. Cert. No.	_____	
		Local	_____ Expiration Date	_____	
				Non-Certified _____	
				Explain _____	
Safe or Vault A	_____	Complete	_____ U.L. Certified	_____ A _____ AA _____	
		Partial	_____ Central Station	_____ B _____ BB _____	
		Complete	_____ With Key	_____ C _____ CC _____	
		Partial	_____ Police Connect	_____ U.L. Cert. No.	_____
		Local	_____ Expiration Date	_____	
				Non-Certified _____	
				Explain _____	
Safe or Vault B	_____	Complete	_____ U.L. Certified	_____ A _____ AA _____	
		Partial	_____ Central Station	_____ B _____ BB _____	
		Complete	_____ With Key	_____ C _____ CC _____	
		Partial	_____ Police Connect	_____ U.L. Cert. No.	_____
		Local	_____ Expiration Date	_____	
				Non-Certified _____	
				Explain _____	

- d. (1) Indicate proportion by value of property kept in Safe Deposit Vault of a Bank, Trust or Safe Deposit Company _____ %
- (2) Name and address of Safe Deposit Vault: _____

Signing this form does not bind the Proposer to complete the Insurance, but this Proposal shall constitute a warranty should a policy be issued.

Date _____

Signature of Proposer _____
 Title _____

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE INSURANCE COMPANY

Fire rate for stock at premises described in Question 1.c.

Give Adjusted Rates for Highest Percentage of Coinsurance Permitted.

Fire Contents Rate _____ subject to _____ % Coinsurance

Safe or Vault Rate _____ subject to _____ % Coinsurance

(If more than one enclosure, designate to which the safe or vault rate applies _____)

Expiration Date of Current Block Policy _____

Date _____

 (Signature of Company Representative)