

# 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 \_\_\_\_\_  
Number of years at this premises \_\_\_\_\_ At previous premises \_\_\_\_\_

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. **NATURE OF BUSINESS BASED ON ANNUAL SALES**

Retail \_\_\_\_\_ % Manufacturing \_\_\_\_\_ % Wholesale \_\_\_\_\_ % Other \_\_\_\_\_ %

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. PRIOR CARRIER**

- a. Name: \_\_\_\_\_
- b. Number Of Years With: \_\_\_\_\_

**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**

- a. \$ \_\_\_\_\_ Stock (including other people's goods)
- b. (1) \$ \_\_\_\_\_ In transit by Registered Mail;
- (2) \$ \_\_\_\_\_ In transit by Armored Car;
- (3) \$ \_\_\_\_\_ In transit by Express Carriers Or Other 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. \$ \_\_\_\_\_ Away from premises but not included above.

**9. OPTIONAL ADDITIONAL COVERAGES AT PROPOSER'S PREMISES**

**NOTE:** Limit cannot be less than 80% 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, \_\_\_\_\_ \$ 1,000 \_\_\_\_\_ \$ 5,000  
 check one: \_\_\_\_\_ \$ 2,500 \_\_\_\_\_ \$ 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 showcases	\$ _____	\$ _____	\$ _____	\$ _____
(2)	In any one window	\$ _____	\$ _____	\$ _____	\$ _____
(3)	In any one outside showcase	\$ _____	\$ _____	\$ _____	\$ _____
c.	Limit Of Insurance to apply:				
(1)	In all windows and outside showcases	\$ _____	\$ _____	\$ _____	\$ _____
(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**

Property outside of our premises as set forth in Question 1.c. 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 Salesmen:

1. In cities or towns in which the Proposer's premises are situated.

Name	Number of Days	Average Amount	Maximum Amount
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2. Elsewhere in the states of the United States, the District of Columbia, Canada and Puerto Rico.

3. Commission Salesmen.

4. Elsewhere.

**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. Express Carriers Or Other Parcel Delivery Services \$ \_\_\_\_\_
- d. All Other Shipments Covered by Coverage Form \$ \_\_\_\_\_

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

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	_____





(Show separate percentages where more than one such enclosure)

c. The proportion by value of property ON PREMISES (including window display) out of safes and/or vaults will be \_\_\_\_\_ %

\_\_\_\_\_ %

(Total 100%)

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 or the Insurance Company to issue or accept a policy. The undersigned declares that to the best of his or her knowledge and belief, after reasonable inquiry, the statements made in this Proposal and in any attachments or other documents submitted with this Proposal are true and complete. The undersigned agrees that this Proposal and such attachments and other documents shall be the basis of the insurance policy should a policy providing the requested coverage be issued; that all such materials shall be deemed to be attached to and shall form a part of any such policy; and that the Insurance Company will have relied on all such materials in issuing any such policy.

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)