

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 name of the individual members of our firm or of the officers of our corporation are:

- c. Our premises is located at: _____
Address City County State Zip Code
- d. The number of entrances: _____ open to the public and _____ not open to the public.
- e. Usual business hours are: _____
- f. Give names and address 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? No Yes If "yes", state name:

2. Indicate % of sales that are 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:** 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.

<u>Premium</u>	<u>Year</u>	<u>Losses</u>

5. Within your knowledge, has any company ever cancelled or refused to issue or to continue these types of coverage for you? No Yes
Give particulars:

6. **BOOKKEEPING:**

- a. Do you keep a detailed and itemized inventory of your stock? No Yes
- b. Do you keep a record of purchases and sales? No Yes
- c. Do you maintain detailed records of the property of others in your care, custody or control? No Yes
- d. How often do you take a physical stock inventory? _____

7. Are you a member of the "Jewelers' Security Alliance"? No Yes

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 Box;
- 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". If a higher deductible is desired, check one:

- \$1,000 \$ 5,000
- \$2,500 \$10,000 Other: _____

Do you desire a \$25,000 registered mail deductible: No Yes

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 peoples' 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?

b. The maximum value displayed during the policy period will not exceed:	PREMISES OPEN TO BUSINESS		PREMISES CLOSED TO BUSINESS	
	<u>Protected</u>	<u>Unprotected</u>	<u>Protected</u>	<u>Unprotected</u>
(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 showcase 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 \$ _____

PLEASE CONTINUE WITH CHART ON NEXT PAGE

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

Protection Provided	Alarm Company (Name)	Type of Installation	Connected With	Grade Certification					
				A	AA	B	BB	C	CC
Premises		<input type="checkbox"/> High	<input type="checkbox"/> U.L. Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Intermediate	<input type="checkbox"/> Central Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Basic	<input type="checkbox"/> With Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Police Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			U.L. Certification No.:						
		Expiration Date:							
Non-certified:									
Explain:									
Safe or Vault A		<input type="checkbox"/> High	<input type="checkbox"/> U.L. Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Intermediate	<input type="checkbox"/> Central Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Basic	<input type="checkbox"/> With Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Police Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			U.L. Certification No.:						
		Expiration Date:							
Non-certified:									
Explain:									
Safe or Vault B		<input type="checkbox"/> High	<input type="checkbox"/> U.L. Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Intermediate	<input type="checkbox"/> Central Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Basic	<input type="checkbox"/> With Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Police Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			U.L. Certification No.:						
		Expiration Date:							
Non-certified:									
Explain:									
Safe or Vault C		<input type="checkbox"/> High	<input type="checkbox"/> U.L. Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Intermediate	<input type="checkbox"/> Central Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> Basic	<input type="checkbox"/> With Key	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Police Connect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Local	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			U.L. Certification No.:						
		Expiration Date:							
Non-certified:									
Explain:									

Attach a copy of U.L. Certificate for each premises, safe, vault or stockroom.

***Grids of expanded steel bank vault mesh placed parallel to face of walls, weighing at least 6 lbs. per sq. foot to each grid, having a diamond pattern not more than 3" x 8".

****Other steel grids placed parallel to face of walls, weighing at least 6 lbs. per sq. foot to each grid, having an open area not exceeding 4" on center.

Total to agree with 16. a. _____ % _____ % _____ % _____ %
Safe A Safe B Safe C Total

b. The proportion by value of property ON PREMISES kept in other Locked Enclosures will be: _____ %
(Show separate percentages (%) where more than one such enclosure.)

c. The proportion by value of property ON PREMISES (including window display) out of Enclosures will be: _____ %
_____ %
(Total 100%)

d. 1. Indicate proportion of 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 Proposer 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: _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Agent: _____ Date: _____

Applicant's Signature: _____ Date: _____