

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:
- 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? \Box No \Box 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.

Prei	mium	Year	Losses			

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

6. BOOKKEEPING:

- a. Do you keep a detailed and itemized inventory of your stock?
- **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?
- 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 \$2,500	\$ 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.	o. The previous merchandise inventory at least 6 months prior to a., was taken on					
	(give date) and was exactly	\$				
c.	c. The maximum amount of our stock during the last 12 months did not exceed	\$				
d.	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 <u>ON</u> 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:

Describe locks (self-locking, key locks, snap locks, etc):

; Are they equipped with locks?

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		ES OPEN SINESS	PREMISES CLOSED TO BUSINESS			
	during the policy period will not exceed:	Protected	<u>Unprotected</u>	Protected	<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	Alarm Company	Type of Installation	Connected With	Grade Certification		<u>n</u>			
Provided	(Name)			Α	AA	В	BB	С	CC
		🗆 High	U.L. Certified						
		Intermediate	Central Station						
		Basic	U With Key						
			Police Connect						
Premises			Local		rtificatior				
FIEIIIISES					on Date:				
				Non-cer					
				Explain					
				F	-		-	F	F
		🗆 High	U.L. Certified						
		□ Intermediate	Central Station						
		Basic	□ With Key						
			Police Connect						
			🗆 Local						
Safe or Vault A					rtificatior	No ·			
					on Date:				
				Non-cer					
				Explain					
		High	U.L. Certified						
		Intermediate	Central Station						
		Basic	With Key						
			Police Connect						
			Local						
Safe or Vault B				U.L. Certification No.:					
				Expiration Date:					
				Non-certified:					
				Explain:					
				слріант					
		🗆 High	U.L. Certified						
			Central Station						
		Basic	U With Key						
			Police Connect						
			Local						
Safe or Vault C				U.L. Ce	rtificatior	n No.:			
				Expirati	on Date:				
				Non-cer	tified:				
				Explain					

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

a.	Minimum value of property kept in each safe, vau	It or stockroor	n at all times wher	n premises are	e closed:		
	Total to agree with 18. a:	% Safe A	% Safe B	Safe C	_%		
b.	Watchperson Services - State number of your em	ployed watch	persons maintaine	d on duty with	in your close	ed premises at all times:	
	; when open to	business:					
	(Phone number) ; when open to	(Pł	hone number)		-		
	Reports to: Central Station						
				On	a Watchpers	on's Clock	
C.	Any other loss control security measures? If so	, explain in de	tail:				
d.	If premises has second or third Central Station F	Premises Aları	m System, state fu	III particulars a	as above:		
		с н					
1.	Give manufacturer's name and description of each	n sate or vault:					
	A						
	В						
	С						
2.	Are safes on wheels? A.		В			C	
	State the Burglar-resistive Classification for each	safe or vault.				0	
	Explanation of the U.L. Classification Codes:						
	KL - Key lock, door only. TL-15/30 - Tool resistive, door only for	15 or 20 min	utos				
	TRTL-30/60 - Torch and tool resistive on			r 60 minutes	with concrete	e encasement.	
	TRTL-15/30X6 - Tool and torch resistive all	six sides for 1	5 or 30 minutes.				
	TXTL-60 - Tool, torch and explosives	resistive on al	I six sides for 60 m	ninutes.			
	Classification		Walls	*		<u>Door</u>	Safe or Vault
	nin. Burglary resistive as tested by Underwriters'		concrete at least 1			Class 2	
	atories Class TRTL-60 or TXTL-60		or three mats of e				
U.L.) (Class TRTE-60 01 TATE-60	01 -U.L. V	Class 2 Burglary F	cesistive mou	ular parter		□ C
J-30 m	nin. Burglary Resistive as tested by U.L. Class	Reinforced	concrete at least 1	2" thick with t	hraa raws	Class 1	
J-30 II TRTL-:			s ^{**} or two mats of (
			1 Burglary Resistiv				
C-15 m	nin. Burglary Resistive	Reinforced	concrete at least 9	" thick with tw	o rows of	31/2" steel door (with	ΠA
	TRTL-30 or Class TRTL-15X6	#5 rebars**				materials to resist tool &	Β
						torch attack_	□ C
	lary Resistive (less than 15 min.) Class KL,		concrete masonry	at least 8" thi	ck or;	11/2" thick steel with tool	ΠA
Class	TL-15 or Class TL-30	Steel lining	at least 1"thick			resistive materials to	D B
						protective lock mechanism	□ C
		D ! !					
A-Fire	Resistive or Unlabeled or obsolete labels	Brick, concr	rete, stone, tile, iro	n or steel		Iron or steel and equipped	
						with at least one combination lock	
						Combination fock	\Box C

*Walls include roof and floor. **5/8" diameter deformed steel bars located in horizontal and vertical rows in each direction to form a grid not more than 4" on center.

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 a	agree with 16. a.	%		%	%		%
	-	Safe A	Safe B	Safe	еC	Total	
b.		lue of property ON PREMIS entages (%) where more the			es will be:		%
C.	The proportion by val	lue of property ON PREMIS	ES (including wir	ndow display) out	of Enclosures wil	be:	%
						(Total 100%	%
						(Total 100%	(b)
d.	1. Indicate proportion	n of value of property kept ir	n Safe Deposit Va	ault of a Bank, Tr	ust or Safe Depos	it Company:	%
	2. Name and Addres	ss of Safe Deposit Vault:					
Signing t	his form does not bind t	the Proposer to complete th	e Insurance, but	this Proposer sha	II constitute a war	ranty should a po	licy be issued.
Date	:	Signature of Propose	r:				
		Title:					
THIS SE	CTION MUST BE CON	IPLETED AND SIGNED BY	THE INSURAN	CE COMPANY:			
Fire rate	for stock at premises de	escribed in Question 1. c.					
Give Adj	usted Rates for Highest	Percentage of Coinsurance	e Permitted:				
Fire	Contents Rate	sub	ect to		% Coinsura	ince	
		sub					
(If m	ore than one enclosure,	, designate to which the safe	e or vault rate ap	plies:)
Evpiratio	n Data of Current Blook	Policy:					
	IT Date of Current Diock	. Folicy		_			
ANY PER	Son who knowingly	AND WITH INTENT TO DEFF	raud any insui	RANCE COMPAN	OR OTHER PERS	SON FILES AN APF	PLICATION FOR INSURANCE
	ING ANY FALSE INFOR ULENT INSURANCE ACT		R THE PURPOSE	OF MISLEADING,	INFORMATION CO	NCERNING ANY	FACT MATERIAL THERETO, COMMITS
Agent:						Date:	

Applicant's Signature: _____ Date: _____