

LLOYD'S

LLOYD'S OF LONDON

JB-100
(Ed. 4/97)

CAUTION — If a policy is issued, this proposal becomes part of the policy. If at any time it is discovered that any statements of fact contained in this proposal are false, the policy will be declared null and void from its inception.

Please type or complete in ink. Answer all questions. If the answer to any question is none, state "NONE." If the answer is left blank or if you fail to sign and date this application it will delay your quotation.

Any person who knowingly and with intent to defraud 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.

The answers to question 3b, 15 and 16 are warranties concerning the manner in which you will operate your business during the term of this insurance.

1. a. Your firm or corporation name is
- b. The names of the individual members of your firm or of the officers of your corporation are
- c. Your premises are located at
Floor Street and number City State Zip Code
- d. How long have you carried on business at these premises? elsewhere?
- e. How many entrances are open to the general public? Not open to the general public?
- f. Days and hours of operation?
- g. Are all inside show cases equipped with **key** locks? If no, explain:
- h. Are show cases kept locked during business hours except when the contents therein are actually being removed or replaced?
- i. How are showcase tops secured?
- j. Are the premises shared with others? If "yes", state name
- k. 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:

2. **NATURE OF YOUR BUSINESS BASED ON SALES:** Manufacturing/Repair%; Wholesale%; Retail%; Pawnbroking%

3. **EMPLOYEES:** a. How many employees do you have?
- b. During the term of the insurance, you warrant that the **LEAST** number of employees, officers or owners who will be **ON YOUR PREMISES** at any time while the premises are occupied for any reason, including while opening and closing will be persons.

4. **PAST FIVE YEARS EXPERIENCE:**

- | a. Premium | Year | b. Losses: Give complete statement regarding all losses (insured and uninsured), including losses under prior ownership and at previous locations, during the past 5 years involving property covered by this form of policy, with dates, nature of loss and amount, name of insurer, all whether paid in full or otherwise and state actions taken to prevent this type of loss from reoccurring: |
|------------|-------|---|
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |
| \$ | | |

5. Within your knowledge, has any insurer ever cancelled or refused to issue or renew any insurance on the property for which you are now seeking coverage?
Yes No Explain:

6. **BOOKKEEPING:** a. Do you retain a detailed stock inventory and keep a permanent, itemized record of purchases and sales?
- b. How often do you take physical stock inventory?
- c. How long do you retain the record of such inventories? Years

7. Are you a member of (a) **The Jewelers Security Alliance**? (b) **Jewelers Vigilance Committee**?

8. **AMOUNT(S) OF INSURANCE DESIRED AT PREMISES:**

- | | |
|---|----------|
| a. On Stock (including other people's goods and samples) | \$ |
| b. On Money | \$ |
| c. On Patterns, Molds, Models and Dies actually used in the manufacturing process | \$ |
| d. On Furniture, Fixtures, Tools, Machinery and Fittings | \$ |
| e. On Tenant's interest in Improvements and Betterments to Building | \$ |
| f. Total Amount of Insurance (at premises) | \$ |

The amounts stated above are merely indications and are not to be considered as either increasing or diminishing amounts for which the policy is issued.

9

- | | | |
|------|--|----|
| **f. | Merchants Parcel Delivery Services | \$ |
| g. | Property in the custody of the proposer, employees and members or officers of the firm | |
| (1) | Money | \$ |
| (2) | Stock in trade | \$ |

is issued.

* For limits over \$50,000, list the location(s) and protection on a separate sheet.

** The policy specifically excludes loss or damage to shipments by the U.S. Postal Service (including express mail) unless registered first class.

1

- a. Do you want peak season increase in your premises stock limit? ☐ Yes ☐ No
If yes, complete time period. From To; Amount of increase by \$ To \$
- b. Deductible: ☐ \$1,000. ☐ \$2,500. ☐ \$5,000. ☐ \$10,000. Higher deductible available upon request. Indicate amount \$
- c. Do you want coverage at exhibitions promoted or financially assisted by a public authority or trade association? ☐ Yes ☐ No
If yes, give details listing the amount to be insured, location, dates, number of people, protection during the show and after hours and the type of transportation to and from

1

- a. In the custody or control of the Proposer, Employees, Members of the Firm, Officers of the Corporation or Salespeople:

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

NAME	Total Number of Days	Average Amount	Maximum Amount
1. Within the state in which the respondent is located:			
2. Elsewhere in the states of United States, the District of Columbia, Canada and Puerto Rico.			
3. Independent Commission Salespeople			

- b. **THE NAMES AND HOME ADDRESSES OF THE PROPOSER, EMPLOYEES, MEMBERS OF THE FIRM OR OFFICERS OF THE CORPORATION OR SALESPeOPLE who had property in excess of \$10,000.00 in their custody or control outside of the premises are:**

[illegible]

- c. **The maximum amount of property at any one time in the custody or control of others** dealing in the trade such as U.S. Customs, appraisers, stores, custom house brokers, repairers, processors, polishers, setters, or on approval, consignment or memorandum (excluding commission sales people) was: \$ _____

- d. **SHIPMENTS:** The TOTAL AGGREGATE AMOUNT OF property shipped AT YOUR RISK during the last 12 months did not exceed the following amounts:

- | | |
|--|----------|
| (1) Registered Mail | \$ |
| (2) Armored Car | \$ |
| (3) Merchants Parcel Delivery Service (including overnight express shipments <u>other than</u> by U.S. Postal Service) | \$ |

12. **PROPERTY ON DISPLAY IN SHOW WINDOW(S) AT PREMISES OCCUPIED BY PROPOSER.**

NOTE: Property displayed in show windows 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 behind shatterproof (laminated or plastic) glass or in a showcase within the window. Alarm sensors on windows is **not** protection against smashing.

- a. Number of Show windows (opening into the interior of the premises) How many are **protected** against window smashing and how?
- b. During the term of insurance, **the maximum value displayed** will not exceed:
- | | PREMISES OPEN TO BUSINESS | | PREMISES CLOSED TO BUSINESS | |
|-----------------------|---------------------------|-------------|-----------------------------|-------------|
| | Protected | Unprotected | Protected | Unprotected |
| (1) in all windows | \$ | \$ | \$ | \$ |
| (2) in any one window | \$ | \$ | \$ | \$ |
- c. **Limit of Liability to apply**
- | | Protected | Unprotected | Protected | Unprotected |
|-----------------------|-----------|-------------|-----------|-------------|
| (1) in all windows | \$ | \$ | \$ | \$ |
| (2) in any one window | \$ | \$ | \$ | \$ |

13. a. **PREMISES BURGLAR ALARM SYSTEM**

- (1) Are your premises protected by a burglar alarm system? central station? or local alarm?
or police station connection?
- (2) Name of protection company
- (3) Underwriters Laboratories Certificate No. **(Attach Copy)** Date of expiration
- Extent of protection (1, 2 or 3) Grade (AA, A, BB, B, CC or C)
- (4) If not U.L. certified, include information from the protection company showing the equipment installed, maintenance agreement and the extent the premises are protected:
- (5) Does the alarm company have keys?
- (6) Is the alarm system protected by line security?
- (7) Are the premises protected by a second alarm company? .. If yes, give details

b. **HOLDUP ALARM AND OTHER PROTECTIVE DEVICES:**

- (1) Is there a Central Station Holdup Alarm System protecting your premises? ☐ Yes ☐ No How many signal buttons?
Is the holdup alarm system protected by line security?
- (2) Are the premises protected by a watchman service? ☐ Yes ☐ No If yes, give details
- (3) Are premises protected by closed circuit TV cameras or surveillance cameras? ☐ Yes ☐ No If yes, give details
- Is there a VCR connected to system? ☐ Yes ☐ No If yes, give details
- (4) Do entrances have controlled access systems? ☐ Yes ☐ No If yes, give details
- (5) Is there an anti-ambush device or early morning switch incorporated into your alarm system? ☐ Yes ☐ No If yes, give details
- (6) Do premises have other protection which would prevent loss? ☐ Yes ☐ No If yes, give details

14. **SAFES AND VAULTS AT PREMISES:**

Give explanation of each safe or vault Include name, make, fire and/or burglar proof rating, U.L. labels, size, weight, thickness of walls and doors and if fitted with combination lock, time lock or relocking device.

Burglar alarm system.

Central station or local system protecting safes or vaults. If not U.L. certified, give complete information from protection company, including if it is protected by line security

No. 1	No. 2
Protection company name:	Protection company name:
Central station? or	Central station? or
Local alarm? or	Local alarm? or
Police station connection?	Police station connection?
U.L. Cert. No. (Attach Copy)	U.L. Cert. No. (Attach Copy)
Grade (AA, A, BB, B, CC or C)	Grade (AA, A, BB, B, CC or C)
Expiration	Expiration
Extent of protection (partial or complete):	Extent of protection (partial or complete):

15 **SAFE AND VAULT AGREEMENT (property on premises):**

During the term of this insurance, at all times when the premises are closed, the minimum proportion(s) of stock, by value located on the premises, including other peoples property, kept in the safe(s) or vault(s) described above will be: Safe No. 1 %
Safe No. 2 %

Out of safe or vault. During the term of this insurance, at all times when the premises are closed, the maximum proportion(s) of stock, by value, including other peoples property, kept out of the safe(s) or vault(s) described above will be:%

Total: 100%

16. **SAFE DEPOSIT BOX (away from premises):**

During the term of this insurance the minimum proportion of all your stock including other people's goods kept in a safe deposit vault of a bank, trust or safe deposit company when the premises are closed will be%.

Name and location of safe deposit vault

Describe method that property is delivered to and from the safe deposit vault to your premises

17. **INVENTORIES of all Property Wherever Located:**

- a. The last merchandise inventory was taken on (give date) and was **exactly** \$
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate on (date) \$
- b. The previous merchandise inventory at least 6 months prior to a, was taken on (give date) and was **exactly** \$
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate on (date) \$
- c. The maximum amount of our stock during the last 12 months did not exceed \$
 Pawnbrokers: Show separately amount actually loaned and unpaid plus accrued interest at legal rate \$
- d. During the last 12 months the estimated average daily amount of other people's property in our custody whether insured or uninsured, was \$

Note — This should not include property:

A. Pledged with pawnbrokers; B. Of others in the jewelry trade deposited with the Insured for safe custody only.

e. NATURE OF STOCK AS PER LAST MERCHANDISE INVENTORY as set forth in Section 17 a. (excepting pledges):

- | | |
|---|--------|
| (1) Loose diamonds (Non-industrial) |% |
| (2) Pearls natural and cultured (mounted and unmounted) |% |
| (3) Other unset Precious Stones |% |
| (4) Unset Semi-precious and Imitation Stones |% |
| (5) Jewelry mounted with Diamonds or other Precious Stones |% |
| (6) Other Jewelry including costume jewelry |% |
| (7) Watches, Watch Cases, Watch Bracelets, mounted with Diamonds or other Precious Stones |% |
| (8) Other Watches, Watch Cases, Movements, Parts |% |
| (9) Clocks (including Cases, Movements, Parts) |% |
| (10) Wares: Silver, Pewter, Plated and Stainless Steel |% |
| (11) Jeweler's Findings, Unset Mountings, Material for Manufacture |% |
| (12) <u>All other Stock</u> (Describe) |% |
| Total (must equal 100%) |% |

18. Any person who knowingly and with intent to defraud 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.

I UNDERSTAND THAT THE SIGNING AND DELIVERY OF THIS PROPOSAL DOES NOT BIND ME TO COMPLETE THE INSURANCE, NOR UNDERWRITERS TO ISSUE A POLICY; BUT EACH ANSWER GIVEN IN THIS PROPOSAL IS A STATEMENT OF FACT WHICH BECOMES A PART OF THE POLICY SHOULD A POLICY BE ISSUED. BY SIGNING THIS PROPOSAL I ACKNOWLEDGE THAT I AM AWARE THAT IF AT ANY TIME IT IS DISCOVERED THAT ANY OF THE STATEMENTS OF FACT CONTAINED IN THIS PROPOSAL ARE FALSE, THE POLICY WILL BE DECLARED NULL AND VOID FROM ITS INCEPTION. I ALSO UNDERSTAND THAT THE POLICY DOES NOT PROVIDE COVERAGE FOR ANY LOSS SUFFERED WHILE ANY OF THE WARRANTIES CONTAINED IN ANSWER TO QUESTIONS 3b, 15 AND 16, AS WELL AS ANY OTHER WARRANTIES, ARE BREACHED.

Signature of Proposer

Date

Title

19. **THIS SECTION TO BE COMPLETED BY THE PROPOSER'S BROKER:**

- a. The 80% coinsurance fire contents rate is:
- b. The construction of the building is:
- c. Is this a single occupant? ☐ Yes ☐ No If no, describe adjoining occupancies or if a multi-story building, the occupants adjoining and those on the floors above and below:
- d. If multi-story, how many floors are there?
- e. Does building have an automatic sprinkler system? ☐ Yes ☐ No
- f. Expiration of current Jeweler's Block Policy Current Insurer
- g. Inspection contact at risk: Name Phone No. Fax No.
 (Area Code) (Area Code)
- h. The Fire rate(s) set forth in this proposal for rating has or have been verified as of this date 19

Signature and Title

Broker

Address

CAUTION: PLEASE REREAD THE QUESTIONS AND ANSWERS, AS THIS PROPOSAL FORMS THE BASIS OF AND IS PART OF THE POLICY.