

Part A – General Information

1. Applicant: _____
(Include all operating names and subsidiaries that will be covered.)
2. Applicant's phone number: (____) _____ Contact: _____
3. Described premises: _____
(floor) (street address/suite or room number)

(city) (county) (state) (ZIP)
4. Mailing name, if different than the applicant: _____
5. Mailing address: _____
(street address/PO Box)

(city) (state) (ZIP)
6. What type of payment plan do you want? Full Three pay Four pay Eight pay
7. Doing business as: Sole - Proprietor Partnership Corporation Joint venture
 Limited liability company Other _____
8. Type of business based on sales: Retail _____% Wholesale _____% Repair _____%
Manufacturing _____% (percent manufactured for your own retail trade _____)
Other _____%
If manufacturing percentage is majority, please complete Manufacturing Jewelers Standard Pak Application.
9. The names and titles of principals or officers: _____
10. Give names and addresses of other jewelry businesses or locations owned or managed by principals or officers listed in Part A.9.: _____
11. How long have you been in the jewelry business? _____ If less than two years at the current address, provide previous business name and address: _____
12. Do you share your premises? Yes No If yes, provide name and nature of their business: _____
13. Loss payee (jewelry stock) – Provide name, mailing address, and interest: _____

Part B – Previous Insurance And Prior Loss Experience

1. Have you ever been refused any business insurance or had business insurance cancelled for any reason?
(An answer to this question is not required by Missouri applicants.)
 Yes No If yes, explain: _____
2. Provide jewelry inventory loss information (including date of loss, type of loss, and loss amount incurred), whether insured or not, for the past five years: _____

Part C – Security Information

1. Is there a premises alarm system? Yes No If no, go to question 1.c.
 Name of your alarm service company: _____
 Is the premises alarm system UL certified? Yes No
 If yes, provide the UL certificate number: _____ Expiration date: _____
 If not certified, answer the following questions:
 - a. Where is the alarm system monitored? Central station Police station Local Other _____
 - b. The alarm transmission is: Digital communicator Direct wire Multiplex Radio
 Other _____
 - c. Do all exterior doors and openings have contacts? Yes No
 - d. Do you have interior motion detection equipment? Yes No
 If yes, does it cover: Safe/vault area? Yes No
 Alarm control panel? Yes No
 Areas where jewelry property is left out of safe? Yes No
 - e. Do you have a local bell/enclosed sounder? Yes No
2. Safe(s) (all must be described)

	Safe: _____	Safe: _____
a. Manufacturer's name:	_____	_____
b. Fire/burglary rating:	_____	_____
c. Does the safe have a contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Other safe alarm protection:	_____	_____
3. Do you have a vault? Yes No
 If yes, complete form JS508 - Application Supplement, Vault Information Part C.3.
4. Do you have a holdup alarm system? Yes No
5. Are all of your display cases and/or show windows equipped with key locks? Yes No
 If no, explain: _____
6. What is the fewest number of employees, officers, or owners customarily on your described premises at any time during business hours or when opening or closing for business? _____
7. Other security information/theft protection: _____

Part D – Rating Information

- | <ol style="list-style-type: none"> 1. Building construction: <ul style="list-style-type: none"> <input type="checkbox"/> Fire resistive <input type="checkbox"/> Masonry/noncombustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Frame 2. Protection class: _____ <ul style="list-style-type: none"> <input type="checkbox"/> Protected (1-8) <input type="checkbox"/> Partially protected (9) <input type="checkbox"/> Unprotected (10) 3. Building square footage: _____ 4. Square feet occupied by applicant: _____ 5. Completely sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No 6. Annual sales: \$ _____ 7. Total number of employees: _____ | <ol style="list-style-type: none"> 8. Type of location: <ul style="list-style-type: none"> <input type="checkbox"/> Enclosed mall <input type="checkbox"/> Strip mall <input type="checkbox"/> Downtown (not mall) <input type="checkbox"/> Free-standing (not downtown) <input type="checkbox"/> Industrial park <input type="checkbox"/> Commercial condominium <input type="checkbox"/> Home-based (condominium) <input type="checkbox"/> Home-based (not condominium) <input type="checkbox"/> Other _____ 9. Describe adjacent occupancies: _____ 10. Previous jewelers block policy information: <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center;">Year</th> <th style="text-align: center;">Company</th> <th style="text-align: center;">Premium</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Year | Company | Premium | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|--|---|---------|---------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Year | Company | Premium | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | |

Part E – Inventory

1. Do you take a complete, documented physical inventory of all your jewelry stock at least every 12 months?
 Yes No Date last taken: _____ Exact total: \$ _____
2. The maximum value of all your jewelry stock during the last 12 months did not exceed: \$ _____
3. Do you maintain detailed records of other people's jewelry property? Yes No
 The estimated average daily amount of other people's jewelry property in your custody or control during the last 12 months was:
 - a. \$ _____ on customers' property; and
 - b. \$ _____ on memorandum/consignment property.
4. Do you handle pawned property? Yes No (Pawnbrokers are not eligible for the Jewelers Standard policy. Please complete a Jewelers Pak Application.)
5. The breakdown of property from your last complete, documented physical inventory is:
 Loose diamonds, stones, pearls, mounted jewelry, precious metals, watches, and other jewelry

a. valued at \$300 or more per item at your cost.....	_____	%
b. valued at less than \$300 per item at your cost.....	_____	%
Total must equal 100%.....	_____	%

Part F – Jewelers Standard Coverage Information

Limit of insurance – The limit of insurance shown is the most we will pay for any one loss.

Stock – Including customers' property and memorandum/consignment property and samples

	Limit of Insurance	Deductible
1. On The Described Premises Location		
a. While open to business, or in a locked safe or vault while closed to business.....	\$ _____	\$ _____
b. Out of safe or vault while closed to business. (This does not increase the limit of insurance for 1.a.)	\$ _____	same as 1.a.
2. Off All Described Premises		
a. In transit by:		
1) Registered Mail through the U.S. Postal Service in excess of any coverage purchased from the U.S. Postal Service.....	\$ <u>100,000</u>	\$ <u>Zero</u>
2) Express Mail through the U.S. Postal Service in excess of any coverage purchased from the U.S. Postal Service.....	\$ <u>25,000</u>	\$ <u>Zero</u>
3) You, your employee, or a commissioned salesperson to or from the U.S. Postal Service. This limit applies to any one loss involving an individual or two or more individuals traveling together. (This does not increase the limit for 2.c.).....	\$ <u>125,000</u>	\$ <u>1,000</u>
b. In the custody of jewelry dealers not included in 2.c. This does not include property covered while entrusted to another jewelry dealer for safekeeping by someone covered in 2.c.....	\$ <u>10,000</u>	\$ <u>1,000</u>
c. In the custody of you, your employee, a commissioned salesperson, or a person you hire for a short time when traveling off the described premises. This limit applies to any one loss involving an individual or two or more individuals traveling together.....	\$ <u>25,000</u>	\$ <u>1,000</u>
d. Otherwise away from any described premises and not included in 2.a., b., or c.....	\$ <u>10,000</u>	\$ <u>1,000</u>

Part G – Businessowners Property Coverage Information

Described premises: _____

1. Deductible (\$250 min.): \$250 \$500 \$1,000 \$3,000 \$5,000 \$10,000 \$_____
2. Mortgagee (building) Loss payee (business personal property) – Provide name, interest, and mailing address: _____

Limit of Insurance

3. Building: Replacement cost Actual cash value..... \$ _____
4. Business personal property: Replacement cost Actual cash value..... \$ _____
5. Loss of income Actual Loss Sustained
(Upon underwriting review, Actual Loss Sustained coverage up to a specified Loss of Income limit may apply.)
6. Employee dishonesty (\$10,000 automatic): Additional limit: \$ _____
7. Optional Jewelers Enhancement Endorsement:
- Retailer Focus – Form R
 Wholesaler Focus – Form W
 Manufacturer Focus – Form M

8. Optional Property Coverage Package:
 Complete Additional Limit and Total columns if a limit greater than the Base Limit is desired.
 Base Limit deductibles are Zero. Optional deductibles are available with Additional Limits.

	Base Limit	Additional Limit	Total	Deductible
Money and securities	\$25,000 inside the premises	\$ _____	inside	\$ _____
	\$25,000 outside the premises	\$ _____	outside	\$ _____ \$ _____
Outdoor sign(s)	\$10,000	\$ _____		\$ _____ \$ _____
Accounts receivable	\$50,000	\$ _____		\$ _____ \$ _____
Computers	\$25,000	\$ _____		\$ _____ \$ _____
Valuable papers and records	\$25,000	\$ _____		\$ _____ \$ _____

9. Other property coverage desired: _____

Part H – Businessowners Liability Coverage Information

1. Basic limit of insurance:
- a. Each occurrence limit for bodily injury, property damage, and products liability:
 \$300,000 \$500,000 \$1,000,000
- b. Each occurrence limit for medical payments (\$5,000 automatic): \$10,000 (optional)
- c. Fire legal liability (\$300,000 automatic coverage): Additional amount \$ _____
2. Optional liability coverages:
- a. Appraisal liability (Completed appraisal liability questionnaire required.)
- b. Employee benefits liability
- c. Non-owned and hired auto
- d. Additional insured – Provide name, interest, and mailing address: _____
- e. Other liability coverage desired: _____

Part I

Fraud Warning – Arkansas, Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Fraud Warning – Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies

Fraud Warning – District of Columbia, Maine, Tennessee, Virginia: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Fraud Warning – Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Fraud Warning – Hawaii, New Jersey, New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Fraud Warning – Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Fraud Warning – New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Fraud Warning – North Dakota, Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Fraud Warning – Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

Fraud Warning – Oregon: Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

Fraud Warning – Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Fraud Warning – Vermont: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information may be guilty of a felony.

Fraud Warning – All other states: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.

Signature of Applicant _____ Title _____ Date _____

Signature of Agent _____ Title _____ Date _____

