

Policy number: _____
Expiration date: _____

Part A – General Information

1. Applicant: _____
(Include all operating names and subsidiaries that will be covered.)

2. Described premises:

_____ (floor) _____ (street address/suite or room number)
_____ (city) _____ (state) _____ (ZIP)
_____ (county)

3. Type of business based on sales: Retail _____% Repair _____% Wholesale _____%
Manufacturing _____%
Other _____%

4. The names and titles of principals or officers: _____

5. Give names and addresses of other jewelry businesses or locations owned or managed by principals or officers listed in Part A.4.: _____

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 loss information, whether insured or not, for the past five years.

Described Premises Location	Type of Loss Jewelers Block	Date of Loss	Loss Incurred	Loss Collected

Part C – Inventory

1. Do you take a complete, documented physical inventory of all your stock at least once every 12 months?
 Yes No Date last taken: _____ Exact total: \$ _____
2. Your previous complete, documented physical inventory of all your stock was taken on: _____
 (date must be at least six months prior to Part C.1.); Exact total: \$ _____
3. The maximum value of all your stock during the last 12 months did not exceed: \$ _____
4. Do you maintain detailed records of other people's property? Yes No The estimated average daily amount of other people's property in your custody or control during the last 12 months was:
 - a. \$ _____ on customers' property; and
 - b. \$ _____ on memorandum/consignment property.
5. Do you handle pawned property? Yes No
 - a. Do you desire coverage for pawned property? Yes No
 If yes, complete Pawned Property Schedule, JB503.
6. The breakdown of property from your last complete, documented physical inventory is:

_ %	a. Loose diamonds.....	_____
_ %	b. Other loose stones, pearls, mounted jewelry, precious metals, watches, and other jewelry	
_ %	1) valued at \$300 or more per item at your cost	_____
_ %	2) valued at less than \$300 per item at your cost.....	_____
_ %	c. Silverware, pewterware, and other giftware	_____
_ %	d. All other stock, describe: _____	_____
_ %	Total must equal 100%.....	_____
7. Is any non-jewelry inventory to be excluded from theft coverage? Yes No
 If yes, provide Part C.6. item letters: _____
8. Is any non-jewelry inventory to be excluded from insurance? Yes No
 If yes, provide Part C.6. item letters: _____

Part D – Exposure Information

- | | Exposure |
|--|-----------------|
| 1. Off Described Premises: | |
| a. The total value of property shipped during the last 12 months (exceeding the shipper's limit, deductible, and any automatic limit provided by Jewelers Mutual) was: | |
| 1) Registered Mail through the U.S. Postal Service in excess of any coverage purchased from the U.S. Postal Service..... | \$ _____ |
| 2) Express Mail through the U.S. Postal Service in excess of any coverage purchased from the U.S. Postal Service..... | \$ _____ |
| 3) Armored car service | \$ _____ |
| 4) Specified private, paid delivery service, or other contract or common carrier | |
| a) _____..... | \$ _____ |
| b) _____..... | \$ _____ |
| c) _____..... | \$ _____ |
| 5) Unspecified private, paid delivery service, or other contract or common carrier..... | \$ _____ |
| b. The estimated daily average value of property in the custody of jewelry dealers, including appraisers and repairers, or out on consignment or memorandum, during the last 12 months was | \$ _____ |

Part E – Security Information

- 1. Are all of your display cases and/or show windows equipped with key locks? Yes No
If no, explain: _____
- 2. Number of show windows: _____ How are they protected against forcible entry? _____
- 3. Is your described premises protected by an operating burglar alarm system when closed to business?
 Yes No
- 4. Name of your premises alarm service company: _____
Is the premises alarm system UL certified? Yes No
If yes, provide the UL Certificate number(s): _____ Expires: _____

5. Safe(s) (all must be described)

	Safe: <u> 1 </u>	Safe: <u> 2 </u>
a. Manufacturer's name:	_____	_____
b. Model name and number:	_____	_____
c. Fire/burglary rating:	_____	_____
d. Is safe located within a vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Safe alarm		
1) Alarm company name:	_____	_____
a) UL Certificate number:	_____	_____
b) Expires:	_____	_____
f. During the term of the policy, the minimum proportion by value of property covered on premises that will be kept in this locked safe at all times when closed to business is:	_____ %	_____ %

	Safe: <u> 3 </u>	Safe: <u> 4 </u>
a. Manufacturer's name:	_____	_____
b. Model name and number:	_____	_____
c. Fire/burglary rating:	_____	_____
d. Is safe located within a vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Safe alarm		
1) Alarm company name:	_____	_____
a) UL Certificate number:	_____	_____
b) Expires:	_____	_____
f. During the term of the policy, the minimum proportion by value of property covered on premises that will be kept in this locked safe at all times when closed to business is:	_____ %	_____ %

- 6. Do you have a vault? Yes No If yes, complete Application Supplement, Part E.6., JB508.

Part F

Kentucky, North Carolina, West Virginia: All statements or descriptions are deemed representations and not warranties. A misrepresentation, unless material or fraudulent, will not prevent a recovery under the Jewelers Block policy. The signing of this application does not bind the company to issue a policy, and I am not bound to accept one. However, should a policy be issued, I represent that the statements made in this application and any application supplements are true, and acknowledge that the acceptance and pricing of the policy is based on these statements. A copy of this application and any application supplements will be attached to and made part of the policy. If these statements are not true, this policy shall be void, and there shall be no coverage.

Alaska, Louisiana, New Hampshire, New York: The signing of this application does not bind the company to issue a policy, and I am not bound to accept one. However, should a policy be issued, I represent that the statements made in this application and any application supplements are true, and acknowledge that the acceptance and pricing of the policy is based on these statements. A copy of this application and any application supplements will be attached to and made part of the policy. If I have made any false statements or misrepresentations on the application, coverage for a claim may be denied.

All Other States: The signing of this application does not bind the company to issue a policy, and I am not bound to accept one. However, should a policy be issued, I warrant that the statements made in this application and any application supplements are true, and acknowledge that the acceptance and pricing of the policy is based on these statements. A copy of this application and any application supplements will be attached to and made part of the policy. If these statements are not true, this policy shall be void, and there shall be no coverage.

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 _____

1. On The Described Premises Location #

Address _____

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

	Limit of Insurance	Deductible
a. Stock (Including customers' and memorandum/consignment property and samples).....	\$ _____	\$ _____
1) Peak season additional stock limit of insurance:		
a) From _____ To _____.....	\$ _____	\$ _____
b) From _____ To _____.....	\$ _____	\$ _____
c) From _____ To _____.....	\$ _____	\$ _____
b. Show window(s)		
1) Closed to business	\$ _____	\$ _____
2) Open to business	\$ _____	\$ _____
c. Patterns, molds, models, and dies	\$ _____	\$ _____
d. Your interest in tenant's improvements.....	\$ _____	\$ _____
e. Furniture; fixtures; safes; modular vaults; machinery, tools and their parts	\$ _____	\$ _____
f. Money and securities safe burglary/robbery	\$ _____	\$ _____
1) Peak season additional money and securities limit of insurance:		
a) From _____ To _____.....	\$ _____	\$ _____
b) From _____ To _____.....	\$ _____	\$ _____
c) From _____ To _____.....	\$ _____	\$ _____

2. Off All Described Premises

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

	Limit of Insurance	Deductible
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) Armored car service	\$ _____	\$ _____
4) Specified private, paid delivery service or other contract or common carrier		
a) _____.....	\$ _____	\$ _____
b) _____.....	\$ _____	\$ _____
c) _____.....	\$ _____	\$ _____
5) Unspecified private, paid delivery service or other contract or common carrier	\$ _____	\$ _____
b. In the custody of jewelry dealers not included in 2.d. This does not include property covered while entrusted to another jewelry dealer for safekeeping by someone covered in 2.d.....	\$ _____	\$ _____
c. In the safe or vault of a bank, trust, or safe-deposit company	\$ _____	\$ _____
d. Property 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:		
1) The most we will pay for any one loss involving an individual is the limit listed below or	\$ <u>25,000</u>	\$ _____
a) You, your employees, or a person you hire for a short time who carry property valued at more than \$25,000:		
Name, City, State, ZIP		
_____.....	\$ _____	\$ _____
_____.....	\$ _____	\$ _____
b) Individuals carrying a jewelry line (commissioned salespeople) valued at more than \$25,000:		
Name, City, State, ZIP		
_____.....	\$ _____	\$ _____
_____.....	\$ _____	\$ _____
2) The most we will pay for any one loss involving two or more individuals traveling together is the lesser of the sum of their limits or	\$ _____	\$ _____
e. Otherwise away from any described premises and not included in 2.a., b., c., or d.....	\$ _____	\$ _____

Underwriting Questionnaire

Policy number: _____

Location number: _____

General Information

1. Proposed effective date: _____ (No coverage is bound unless authorized by the company.)
2. Doing business as: Sole-Proprietor Partnership Corporation Joint Venture
 Limited Liability Company Other _____
3. What type of payment plan do you want for this insurance policy?
 Full Three Pay Four Pay Eight Pay
4. Applicant's phone number: (____) _____ Contact person: _____
Web address: _____ E-mail address: _____
5. Mailing name, if different than the applicant: _____
6. Mailing address, if different than the described premises: _____
7. How long have you been in business at this address? _____ If less than two years, provide previous address: _____
8. Do you share your premises with others? Yes No If yes, provide name and nature of their business: _____
9. Your usual business hours are: _____
10. Loss payee (jewelry stock): _____
Address: _____

Rating Information

- | <ol style="list-style-type: none"> 1. Building construction:
<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: _____
<input type="checkbox"/> Protected
<input type="checkbox"/> Partially protected
<input type="checkbox"/> Unprotected 3. Number of floors: _____ 4. Number of floors occupied by the applicant: _____ 5. Year of construction: _____ 6. Building square footage: _____ 7. Square feet occupied by the applicant: _____ 8. Completely sprinklered? <input type="checkbox"/> Yes <input type="checkbox"/> No 9. Premises smoke detectors? <input type="checkbox"/> Yes <input type="checkbox"/> No 10. Dates if premises remodeled:
a. Electrical _____
b. Plumbing _____
c. Heating _____ 11. Annual sales: \$ _____ | <ol style="list-style-type: none"> 12. Type of location:
<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 _____ 13. Describe adjacent occupancies: _____ 14. Have you ever had a jewelers block policy?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide the following: <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;">Year</th> <th style="text-align: left; width: 33%;">Company</th> <th style="text-align: left; width: 33%;">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> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> | Year | Company | Premium | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|---|--|---------|---------|---------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| Year | Company | Premium | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | |

General Security Information

1. Do you maintain any of the following operating surveillance systems on your described premises while open to business?
Cameras: Yes No CCTV with monitors: Yes No CCTV with VCR: Yes No
2. Are all of your display cases or show windows kept key locked during business hours, except when stock is being removed or replaced? Yes No
3. Do you have an armed uniformed guard? Yes No If yes, when? _____
4. What is the total value of merchandise displayed in show windows while open to business? \$ _____
5. Do you have a fire alarm system? Yes No Is it monitored? Yes No
If yes, where? _____
6. Do you have double-cylinder dead bolt locks on all exterior exits? Yes No
7. Who, other than an employee or officer of the company, has the ability to deactivate your alarm system?

8. Are you called when there is an alarm at your business? Yes No If no, explain why: _____
9. What is the least number of employees, officers, or owners customarily on your described premises at any time during business hours or when opening or closing for business? _____
10. Other security information: _____

Alarm System Information

11. Does your described premises have a holdup alarm system? Yes No If yes, describe the type of system: _____
12. Does your described premises have motion detection? Yes No If yes, does the motion detection cover the following areas?
 - a. Safe/vault area: Yes No
 - b. Alarm control panel area: Yes No
 - c. Areas where inventory is kept out of safe while closed to business: Yes No
13. Where is the alarm system monitored? _____
14. Are opening and closing signals monitored? Yes No
15. What is the method of alarm transmission (indicate all methods)?
 Derived channel Digital communicator Multiplex Two-way radiowave
 One-way radiowave Cellular Other _____
16. Is there: No line security Standard line security Encrypted line security
17. If your safe/vault alarm protection is different than numbers 13-16 above, provide details: _____
18. Indicate how each safe/vault is alarmed (no protection, partial protection, complete protection): _____
19. Is there an annual maintenance contract for the alarm system? Yes No If no, explain: _____