

# JEWELLERS' BLOCK POLICY PROPOSAL FOR INSURANCE



This proposal and declaration must be completed and signed in ink and shall form the basis of the contract should a policy be issued, together with any supplementary information which must also be in writing signed by the proposer. A separate Proposal Form must be completed for each premises. All questions must be answered, if the answer to any questions is none, state 'NONE'. The amounts and limits stated below are not to be considered either as increasing or diminishing the amounts for which the Policy is issued. Signing this Form does NOT bind the proposer to complete the insurance.

1 A) OUR FIRM OR CORPORATION NAME:

B) NAMES OF INDIVIDUALS WHO HAVE  
PROPRIETARY OR FINANCIAL INTEREST IN OUR CORPORATION:

C) THE OFFICERS & DIRECTORS OF OUR CORPORATION:

D) OUR PREMISES ARE LOCATED AT:

FLOOR

STREET NUMBER

CITY

STATE

E) HOW LONG HAVE YOU CARRIED OUT BUSINESS IN THESE PREMISES:

ELSEWHERE:

F) ARE THE PREMISES SHARED WITH OTHERS: ☐ YES ☐ NO IF YES, STATE NAME:

G) USUAL BUSINESS HOURS:

2 NATURE OF OUR BUSINESS (based on sales)

% MANUFACTURING

% WHOLESALE

% RETAIL

3 EMPLOYEES

A) HOW MANY EMPLOYEES DO YOU HAVE:

FULL TIME

PART TIME

B) WHAT IS THE LEAST NUMBER OF EMPLOYEES, OFFICERS OR OWNERS ON YOUR PREMISES –  
DURING BUSINESS HOURS: WHEN OPENING/CLOSING FOR BUSINESS:

C) HOW LONG HAVE THESE EMPLOYEES WORKED FOR YOU (list only the number under 12 months):

**4 LOSSES**

Give statements covering all losses (insured or uninsured) at present or prior locations during the past 5 years involving property covered by this form of policy. The statements must also cover other businesses owned by or associated with those individuals stated in 1B or 1C during this period.

DATE OF LOSS	AMOUNT OF LOSS	NATURE OF LOSS

**5** Give particulars where any insurer has cancelled or refused to issue or to continue any insurance for the proposer or any individual stated in 1B or 1C above.

**6** ARE YOU A MEMBER OF JEWELLERS SECURITY ALLIANCE: ☐ YES ☐ NO

**7** ON WHAT BASIS DO YOU REQUIRE CLAIMS TO BE SETTLED:

N.B. Unless otherwise agreed on the Policy claims in respect of your own stock will be settled on the basis of cost price. All figures completed on this Proposal must reflect the basis of valuation required.

**8 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., C., and D. of this section need not be answered.

A) OUR LAST WRITTEN MERCHANDISE

INVENTORY WAS TAKEN ON (give date):

and was exactly \$

B) OUR PREVIOUS WRITTEN MERCHANDISE INVENTORY

AT LEAST SIX MONTHS PRIOR TO A. WAS TAKEN ON (give date):

and was exactly \$

C) THE MAXIMUM AMOUNT OF OUR STOCK DURING THE LAST TWELVE MONTHS DID NOT EXCEED \$

D) THE MINIMUM AMOUNT OF OUR STOCK DURING THE LAST TWELVE MONTHS DID NOT GO BELOW \$

E) THE ESTIMATED AVERAGE DAILY AMOUNT OF OTHER PEOPLE'S PROPERTY IN OUR CUSTODY OR CONTROL DURING THE LAST TWELVE MONTHS, INSURED OR UNINSURED, FOR ANY PURPOSE WHATSOEVER, WAS \$

F) Nature of stock as per last merchandise inventory as set forth in A.

% UNSET DIAMONDS (non-industrial)

% PEARLS (mounted & unmounted) (not to include Simulated Pearls)

% OTHER PRECIOUS STONES (unset)

% OTHER STONES UNSET (Semi-precious & Imitation Stones)

% JEWELLERY MOUNTED WITH PRECIOUS STONES

% OTHER JEWELLERY

% WATCHES, WATCH CASES, ATTACHMENTS, MOUNTED WITH DIAMONDS & PRECIOUS STONES

% OTHER WATCHES, CASES, MOVEMENTS, PARTS

% CLOCKS (including cases, movements, parts)

% GOLD (finished items)

% SILVERWARE, PLATED WARE

% JEWELLERS' FINDINGS, UNSET MOUNTINGS, MATERIAL FOR MANUFACTURE

% OTHER STOCK (describe):

**TOTAL 100%**

G) PEAK SEASON ADDITIONAL STOCK VALUE: \$

**9 BOOK KEEPING**

A) GIVE FULL PARTICULARS OF METHOD USED TO MAINTAIN STOCK RECORDS:

B) HOW OFTEN DO YOU TAKE A WRITTEN PHYSICAL STOCK INVENTORY:

**10 BASIC POLICY OPTIONAL COVERAGES – Do you require cover:**FIRE AND LIGHTNING: ☐ YES ☐ NOFLOOD: ☐ YES ☐ NOEARTHQUAKE: ☐ YES ☐ NO

If you require cover for FIRE AND LIGHTNING state appropriate fire rate:

**LIMITS OF LIABILITY DESIRED****11 PROPERTY AT PROPOSER'S PREMISES ONLY**

A) ON STOCK (including other people's goods)

\$

B) ON MONEY IN LOCKED SAFE AT PROPOSER'S PREMISES AGAINST THEFT BY SAFE BEING BROKEN OPEN

\$

C) ON PATTERNS, MOULDS AND DIES

\$

D) ON FURNITURE, FIXTURES, MACHINERY, TOOLS AND FITTINGS

\$

E) ON PROPOSER'S INTEREST IN IMPROVEMENTS AND BETTERMENTS TO PREMISES

\$

Note: INSURANCE ON ITEMS 11 (D) AND (E) MAY NOT BE LESS THAN 80% OF ESTIMATED TOTAL VALUE

\$

**12 BANK/SAFE DEPOSIT VAULT**

ON PROPERTY (additional to that stated in 11(a) above)

DEPOSITED IN SAFE OR VAULT OF A BANK OR SAFE DEPOSIT COMPANY: \$

NAME AND ADDRESS OF BANK/SAFE DEPOSIT VAULT:

Note: Property stated in 11(a) above would automatically be covered at no additional charge whilst temporarily deposited in a Bank or Safe Deposit Company.

**13 MEMORANDUM**ON PROPERTY IN THE CUSTODY OF A DEALER OF PROPERTY OF THE SAME KIND  
NOT EMPLOYED BY OR ASSOCIATED WITH THE PROPOSER: \$THE ESTIMATED AVERAGE DAILY AMOUNT OF PROPERTY IN THE CUSTODY OR CONTROL OF OTHERS,  
EXCEPT AS PROVIDED IN ANSWER TO QUESTIONS 12, 14 AND 15 DURING THE LAST TWELVE MONTHS WAS: \$**14 REGISTERED MAIL SHIPMENTS**

ON PROPERTY IN TRANSIT BY REGISTERED MAIL/COURIER ANY ONE SENDING: \$

THE TOTAL AMOUNT OF PROPERTY SHIPPED BY REGISTERED MAIL/COURIER AT OUR RISK  
DURING THE LAST 12 MONTHS DID NOT EXCEED (do not include amounts insured with the Post Office): \$**15 DEDUCTIBLE AMOUNTS REQUIRED**ON STOCK: ☐ \$2,500 ☐ \$5,000 ☐ \$7,500ON OTHER PROPERTY: ☐ \$2,500 ☐ \$5,000 ☐ \$7,500**16 BUILDING DETAILS**

Number of storeys: Details of construction – walls:

Roof:

Floor:

Sprinkler: ☐ YES ☐ NOHydrant Protected: ☐ YES ☐ NO

Distance from Fire Hall:

NEIGHBOURING PROPERTIES – DESCRIBE THE OCCUPANCY OF EACH BUILDING AND IF YOU ARE PHYSICALLY ATTACHED OR DETACHED

Right:

Left:

Beneath:

Above:

**17 BUSINESS INTERRUPTION COVERAGE**

PLEASE STATE THE ANNUAL GROSS REVENUE (12 Months): CAD\$

WHAT INDEMNITY PERIOD IS REQUIRED: ☐ 12 Months ☐ 9 Months ☐ 6 Months Indemnity is provided considering 90% Co-Insurance**18 TRAVELLERS**

Cover required for Proposer, employees, members of the firm or officers of the corporation who will have property in their custody or control outside of our premises as set forth in question 1(C) during the NEXT 12 months:

All future carrying of goods outside the Proposer's premises must be reported in this section. Travellers are advised that coverage is not extended for more than the limit of liability requested below, it is agreed that only those persons identified hereunder are carrying property exclusively for the Proposer and the coverage is not extended to any other person.

NAME	# OF DAYS	AVERAGE AMOUNT	LIMIT OF LIABILITY TO APPLY
A) In cities or towns in which the proposer's premises are situated			
1			
2			
3			
4			
5			
B) Elsewhere (state territory required)			
1			
2			
3			
4			
5			

C) AT HOME NAME	HOME ADDRESS	PROTECTIONS
1		
2		
3		
4		
5		

**19 SHOW WINDOW DISPLAY AT PREMISES (Including outside show cases) 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 plateglass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across the window or showcase, or behind shatterproof (laminated) glass, or in showcase within the window.

A) I. NUMBER OF SHOW WINDOWS (opening into the interior of the premises):

II. HOW MANY ARE PROTECTED AGAINST WINDOW SMASHING AND HOW? (see note above):

III. NUMBER OF OUTSIDE SHOW CASES:

DESCRIBE CASES AND LOCATION:

IV. HOW ARE THEY PROTECTED AGAINST FORCIBLE ENTRY:

	PREMISES OPEN TO BUSINESS		PREMISES CLOSED TO BUSINESS	
	*Protected	Unprotected	*Protected	Unprotected
B) DURING THE TERM OF THE INSURANCE, THE MAXIMUM VALUE DISPLAYED WILL NOT EXCEED				
I. In all windows and outside showcases	\$	\$	\$	\$
II. In any one window	\$	\$	\$	\$
III. Any one article	\$	\$	\$	\$
IV. In any one outside showcase	\$	\$	\$	\$
C) LIMIT OF LIABILITY TO APPLY				
I. In all windows and outside showcases	\$	\$	\$	\$
II. In any one window	\$	\$	\$	\$
III. Any one article	\$	\$	\$	\$
IV. In any one outside showcase	\$	\$	\$	\$

## 20 SPECIAL COVERAGES DESIRED

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## 21 PREMISES PROTECTION

### A) ELECTRICAL BURGLAR ALARM SYSTEMS

ARE YOUR PREMISES PROTECTED BY AN OPERATING MERCANTILE PREMISES ALARM SYSTEM ☐ YES ☐ NO CENTRAL STATION ☐ YES ☐ NO  
 Local Alarm ☐ YES ☐ NO Extent of protection (1, 2, 3): Grade (AA, A, B, C):

NAME OF PROTECTIVE COMPANY:

UNDERWRITERS LABORATORIES CERTIFICATE NO.:

DATE OF EXPIRATION:

### B) HOLDUP ALARM AND PROTECTIVE SYSTEMS

I. IS THERE A CENTRAL STATION HOLDUP ALARM PROTECTING YOUR PREMISES: # OF SIGNAL BUTTONS:

II. IS THE ENTRANCE TO YOUR PREMISES PROTECTED BY CAGE OR DOUBLE ENTRANCE TRAP:

III. ARE YOUR PREMISES MONITORED BY CLOSED CIRCUIT TELEVISION CAMERA: ☐ YES ☐ NO  
 IS THIS CONNECTED TO VIDEO TAPE RECORDER ☐ YES ☐ NO

IV. NUMBER OF GUARDS PROTECTING YOUR PREMISES: HOW MANY ARE ARMED:

V. ARE THERE ANY OTHER PROTECTIVE SYSTEMS:

## 22 SAFES AND VAULTS

### A) GIVE FULL PARTICULARS OF EACH SAFE INCLUDING MAKE AND CLASS, UL RATING ETC:

1

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2

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3

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B) GIVE FULL PARTICULARS OF THE VAULT INCLUDING ITS CONSTRUCTION, DOOR SPECIFICATION AND LOCKS:

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C) GIVE DETAILS OF ALL ELECTRICAL ALARM SYSTEMS PROTECTING ABOVE SAFE(S) AND/OR VAULT(S):

SAFES	(1)	(2)	(3)	VAULT
NAMES OF PROTECTIVE COMPANY				
CENTRAL STATION				
LOCAL				
LOCAL TO POLICE				
GRADE (AA, A, B, C)				
COMPLETE OR PARTIAL				
UL CERTIFICATE				
EXPIRING				

D) Indicate proportion of total stock on premises kept in each safe(s) and/or vault(s) when closed:

SAFE 1: %  
 SAFE 2: %  
 SAFE 3: %  
 VAULT %

E) INDICATE MAXIMUM VALUE ANY ONE ITEM OUT OF SAFE (including window display) WHEN PREMISES ARE CLOSED: \$

### 23 WARRANTY AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES WHEN PREMISES ARE CLOSED

THE PROPORTION BY VALUE OF PROPERTY ON PREMISES KEPT LOCKED IN SAFE(S) AND/OR LOCKED VAULT(S) PROTECTED AS INDICATED UNDER 19. WILL BE:

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### 24 FROM WHAT DATE IS INSURANCE DESIRED:

Signing this proposal and declaration does not bind the Proposer to complete this Insurance, but it is agreed that this proposal and declaration shall constitute a warranty should a Policy be issued.

I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

SIGNATURE OF PROPOSER:

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TITLE:

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DATE:

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