



## JEWELRY DEALERS PROPOSAL

Special Perils

Named Peril

You need to complete and sign this proposal.

### **EACH ANSWER GIVEN IN THIS PROPOSAL WILL BECOME A WARRANTY IF A POLICY IS ISSUED**

All parts of the proposal must be completed. If the answer to a question is "none", then enter "none" in the appropriate blank. A quotation cannot be given nor can a policy be issued if the proposal is incomplete. If more than one location is to be covered, A SEPARATE PROPOSAL MUST BE COMPLETED FOR EACH LOCATION.

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### **PART 1 -- GENERAL INFORMATION**

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A. The name of your company or corporation is: \_\_\_\_\_

\_\_\_\_\_

Is your business incorporated?           yes    no

B. List the principals of your firm or officers of your corporation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Your described premises is located at: \_\_\_\_\_

(street address)                                  (floor)

\_\_\_\_\_

(city)                                  (county)                                  (state)                                  (zip code)

Your telephone number: \_\_\_\_\_

D. How long have you been doing business at this location? \_\_\_\_\_

How long at a previous location? \_\_\_\_\_

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## PART 2 -- NATURE OF BUSINESS

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The nature of your business, based on annual sales is:

\_\_\_\_% Retail                      \_\_\_\_% Manufacturing  
\_\_\_\_% Wholesale                \_\_\_\_% Pawnbroking  
\_\_\_\_% Other \_\_\_\_\_  
(describe)

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## PART 3 -- EMPLOYEES

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- A. What is the least number of employees, officers, or owners customarily present during business hours? \_\_\_\_\_
- B. What is the least number of employees, officers, or owners customarily present when you open or when you close your premises? \_\_\_\_\_
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## PART 4 -- PREVIOUS EXPERIENCE

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Show the following information for the past five years on property covered by this type of policy, whether insured or not.

	Year _____	Year _____	Year _____
Prior Carrier			
Premium	\$ _____	\$ _____	\$ _____
Date of Loss			
Loss Incurred	\$ _____	\$ _____	\$ _____
Loss Collected	\$ _____	\$ _____	\$ _____
Cause of Loss			
Deductible Amount	\$ _____	\$ _____	\$ _____

  

	Year _____	Year _____
Prior Carrier		
Premium	\$ _____	\$ _____
Date of Loss		
Loss Incurred	\$ _____	\$ _____
Loss Collected	\$ _____	\$ _____
Cause of Loss		
Deductible Amount	\$ _____	\$ _____

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**PART 5 -- PRIOR CANCELLATION, REFUSAL OR  
NON-RENEWAL**

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To your knowledge has any company ever canceled, refused to issue, or refused to renew a policy for you? (An answer to this question is not required by Missouri applicants.)      yes      no

If yes, give details. \_\_\_\_\_

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**PART 6 -- RECORDS**

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- A. Do you keep a detailed record that shows the nature and value of your stock for sale?      yes      no
- B. Do you take a physical inventory at least once a year?      yes      no
- C. Do you keep all purchase invoices, sales receipts, and related documents?      yes      no

If any answers are no, please explain.

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**PART 7 -- JEWELERS SECURITY ALLIANCE**

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Are you a member of the Jewelers Security Alliance?      yes      no

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**PART 8 -- LIMIT OF COVERAGE DESIRED AT  
YOUR DESCRIBED PREMISES**

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- |   | Limit    |
|---|----------|
| A. Stock for Sale (including property of others):                   | \$ _____ |
| B. Peak Season: limit applicable for the period _____ through _____ | \$ _____ |

- C. Crime:
    - 1. Burglary of money from a locked safe or vault: \$ \_\_\_\_\_
    - 2. Robbery of money and securities: \$ \_\_\_\_\_
  - D. Personal Property:
    - 1. Patterns, molds, models, and dies: \$ \_\_\_\_\_
    - 2. Your interest in tenant's improvements and betterments: \$ \_\_\_\_\_
    - 3. Machinery, tools, and their parts: \$ \_\_\_\_\_
    - 4. Furniture, fixtures, office equipment, and supplies: \$ \_\_\_\_\_
  - E. Damage to or Theft of Safes: \$ \_\_\_\_\_
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**PART 9 -- LIMIT OF COVERAGE AWAY FROM  
YOUR DESCRIBED PREMISES**

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- A. For property in transit by:
  - 1. first class registered mail: \$ \_\_\_\_\_
  - 2. common or contract carrier: \$ \_\_\_\_\_
  - 3. armored car messenger service: \$ \_\_\_\_\_
  - 4. private paid delivery service: \$ \_\_\_\_\_
- B. For property in the safe or vault of a bank, trust, or safe deposit company: \$ \_\_\_\_\_
- C. For property on the premises of another jewelry dealer. (This does not include property that is left with a dealer for temporary safekeeping while you or your employee or sales representative, are traveling.): \$ \_\_\_\_\_
- D. For property in the custody of a sales representative, including property that is left with a dealer for temporary safekeeping while away from your premises: \$ \_\_\_\_\_
- E. For property in your custody or the custody of a principal, officer, or employee, while away from your premises: \$ \_\_\_\_\_
- F. For property that is otherwise away from your premises not described above: \$ \_\_\_\_\_

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**PART 10 – (Check the box that applies)**

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What deductible amount do you want?

- \$500       \$1,000       \$2,500       \$5,000  
 \$10,000       \$25,000       Other \$ \_\_\_\_\_
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**PART 11 -- PROPERTY AWAY FROM YOUR LOCATION  
DURING THE PAST 12 MONTHS**

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A. While in your custody or the custody of members of the firm, officers of the corporation, or employees other than sales representatives. Within a 50 mile radius of your premises:

Name	No. of Days Out	Average Amount Carried	Maximum Amount Carried
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. Sales representative. Within a 50 mile radius of your premises:

Name	No. of Days Out	Average Amount Carried	Maximum Amount Carried
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

C. Name and address of persons carrying over \$25,000 in property while away from your premises must be listed below. Anyone not listed below is limited to a maximum limit of coverage of \$25,000:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- D. The estimated daily average amount of property in the custody of others such as United States Customs, appraisers, stores, other jewelry dealers, custom house brokers, repairers, processors, polishers, setters, out on approval, consignment, or memorandum is: \$\_\_\_\_\_
- E. The total value of the property shipped at your risk during the past 12 months:
- |                                   |         |
|-----------------------------------|---------|
| 1. first class registered mail:   | \$_____ |
| 2. common or contract carrier:    | \$_____ |
| 3. armored car messenger service: | \$_____ |
| 4. private paid delivery service: | \$_____ |

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**PART 12 -- SHOW WINDOW AND OUTSIDE SHOWCASE  
DISPLAYS ON YOUR PREMISES**

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NOTE: Property in show windows and outside showcases are considered protected only when displayed:

- behind metal bars or a metal grille that is completely across the show window or showcase;
- behind swinging plate glass (or its equivalent) that is secondary to the window pane;
- behind (UL) listed burglary/bullet resistant glass; or
- in a showcase that is in a show window.

Outside showcases are those that do not open into the interior of your premises.

A. The amount of coverage desired when premises are:

	Open to Business	Closed to Business
1. in all windows or outside showcases:	Protected \$_____	Protected \$_____
	Unprotected \$_____	Unprotected \$_____
2. in any one window:	Protected \$_____	Protected \$_____
	Unprotected \$_____	Unprotected \$_____
3. in any one outside showcase:	Protected \$_____	Protected \$_____
	Unprotected \$_____	Unprotected \$_____

- B. How many show windows open to the interior of your premises? \_\_\_\_\_
- C. How many are protected against window smashing? \_\_\_\_\_
- D. How are the show windows protected? \_\_\_\_\_
- E. How many outside showcases do you have? \_\_\_\_\_
- F. Describe the showcases and give their location. \_\_\_\_\_  
\_\_\_\_\_
- G. How are the showcases protected against forcible entry? \_\_\_\_\_
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### **PART 13 -- SHOW WINDOW OR SHOWCASE DISPLAY AWAY FROM YOUR PREMISES**

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If you desire to cover property that is displayed in showcases or show windows that are located in building lobbies or anywhere else that is not on your premises, you must furnish the full particulars of each display on a supplemental page.

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### **PART 14 – PREMISES PROTECTION**

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- A. Are your premises protected by an operating alarm system while closed to business?     yes     no
1. Is it:             Central Station?  
                       Local?  
                       Police Station Connected?
- If police station connected, is alarm  
                      monitored at all times?                     yes     no
2. What is the extent of protection? \_\_\_\_\_ (1, 2 or 3)
3. What is the grade? \_\_\_\_\_ (AA, A, BB, B, CC or C)
4. Name of Protective Company? \_\_\_\_\_
5. Underwriters Laboratory (UL) Certificate number? \_\_\_\_\_
- The certificate expires: \_\_\_\_\_

- B. Is there a hold-up alarm system?  yes  no
1. How many signal buttons do you have? \_\_\_\_\_
  2. How many signal buttons are portable? \_\_\_\_\_
- C. Do you maintain any of the following operating surveillance systems on your premises while occupied?
- |                          |                          |                                      |
|--------------------------|--------------------------|--------------------------------------|
| <u>Yes</u>               | <u>No</u>                |                                      |
| <input type="checkbox"/> | <input type="checkbox"/> | Camera(s)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Closed circuit TV(s) with monitor(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Video cassette recorder(s)           |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____                          |
- D. Other protective measures (armed guard on duty during business hours, watchperson service, etc.) not shown above. Describe. \_\_\_\_\_
- \_\_\_\_\_
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**PART 15 -- DESCRIPTION OF SAFE OR VAULT  
AND PROTECTIVE DEVICES**

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- | A. Describe the Safe  | 1  | 2  | 3  |
|---|--|--|--|
| 1. Manufacturers Name: _____  | _____  | _____  | _____  |
| 2. Fire Rating: _____   | _____  | _____  | _____  |
| 3. Burglary Rating: _____   | _____  | _____  | _____  |
| 4. Lock Combination: <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   |
| 5. Dimensions inner: _____  | _____  | _____  | _____  |
| outer: _____  | _____  | _____  | _____  |
| 6. Weight: _____  | _____  | _____  | _____  |
| <b>B. Protective Devices</b>  |  |  |  |
| 1. Relocking device? <input type="checkbox"/> yes <input type="checkbox"/> no<br>If yes, give the UL number: _____                                  | <input type="checkbox"/> yes <input type="checkbox"/> no<br>_____  | <input type="checkbox"/> yes <input type="checkbox"/> no<br>_____  | <input type="checkbox"/> yes <input type="checkbox"/> no<br>_____  |
| 2. Time lock? <input type="checkbox"/> yes <input type="checkbox"/> no<br>Is it UL listed? <input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no | <input type="checkbox"/> yes <input type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no |
| 3. Early Morning or Ambush Device? <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   | <input type="checkbox"/> yes <input type="checkbox"/> no   |



C. Burglar Alarm

1. Protection Company: \_\_\_\_\_
2. Type:

<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station
<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local
<input type="checkbox"/> Police Station Connected	<input type="checkbox"/> Police Station Connected	<input type="checkbox"/> Police Station Connected
3. Extent of Protection:

<input type="checkbox"/> Partial	<input type="checkbox"/> Partial	<input type="checkbox"/> Partial
<input type="checkbox"/> Complete	<input type="checkbox"/> Complete	<input type="checkbox"/> Complete
4. Grade? (AA, A, BB, B, CC, or C): \_\_\_\_\_
5. UL Certificate No.: \_\_\_\_\_
6. Expiration Date: \_\_\_\_\_

D. Show the percent of the total value of all stock that is kept in each safe when you are closed to business. The total of the percentage amounts below must agree with the total percentage amounts of Part 16.

1 \_\_\_\_\_%    2 \_\_\_\_\_%    3 \_\_\_\_\_%

E. Vault Description

1. Vault Dimensions:

Height	_____	_____
Width	_____	_____
Depth	_____	_____
2. Vault Construction:
  - a. Concrete Block     yes  no     yes  no
  - b. Poured Concrete     yes  no     yes  no
  - c. Modular  
(describe UL class and Manufacturer's Name)  
\_\_\_\_\_
  - d. Other (describe) \_\_\_\_\_
3. Walls, Floor, and Ceiling:
  - a. Thickness \_\_\_\_\_
  - b. Construction \_\_\_\_\_
4. Is Vault Wall Part of Common or Exterior Wall?     yes  no     yes  no

5. Vault Door:

- a. Manufacturer \_\_\_\_\_
- b. Rating \_\_\_\_\_  
(Fire/Burglary)
- c. Thickness \_\_\_\_\_
- d. Relocking Device  yes  no  yes  no
- e. Time Lock  yes  no  yes  no

6. Vault Alarm:

- a. Alarm Company \_\_\_\_\_
- b. Describe Monitoring \_\_\_\_\_
- c. UL Certificate No. \_\_\_\_\_  
and Expiration Date \_\_\_\_\_
- d. Extent and Grade \_\_\_\_\_

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**PART 16 -- WARRANTIES FOR PROPERTY ON YOUR PREMISES AT ALL TIMES WHEN YOU ARE CLOSED FOR BUSINESS**

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	If no stock reported in Part 17 is to be excluded, complete <u>this column</u>	If any stock included in Part 17 is excluded, complete <u>this column</u>
A. The minimum percentage by value of property kept in locked safes or vaults as indicated under:		
Part 15, B. 1., B. 2., E. 5. d., and E. 5. e. will be:	_____ %	_____ %
Part 15, C. and E. 6., (complete safe/vault protection) will be:	_____ %	_____ %
Part 15, C. and E. 6., (partial safe/vault protection) will be:	_____ %	_____ %
B. The minimum percentage of value of property kept in other locked safes or vaults:	_____ %	_____ %
C. The maximum percentage by value of property out of locked safes or vaults will be:	_____ %	_____ %

D. The minimum percentage by value of property kept in safe deposit vaults of a bank, trust, or safe deposit company described below will be: \_\_\_\_\_% \_\_\_\_\_%

Total (must equal 100%): 100% 100%

Name and address of bank:

\_\_\_\_\_  
\_\_\_\_\_

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**PART 17 – INVENTORIES OF ALL PROPERTY YOU OWN  
WHEREVER LOCATED. THIS INCLUDES STOCK IN  
BANK VAULTS, AT OTHER JEWELERS, OR IN THE  
CUSTODY OF SALES REPRESENTATIVE.**

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If you can provide the exact inventory amount for each month of the past 12 months, then show the dates the inventories were taken and the amounts on a supplemental sheet. In this case, B. and C. need not be answered.

A. The last physical inventory was taken on \_\_\_\_\_  
and was exactly \$\_\_\_\_\_.

**Pawnbrokers only:** The maximum amount loaned and unpaid plus the accrued legal interest was exactly \$\_\_\_\_\_.

B. The previous physical inventory was taken on \_\_\_\_\_  
(the inventory in B must be dated at least six months prior to the inventory in A) and was exactly \$\_\_\_\_\_.

**Pawnbrokers only:** The maximum amount loaned and unpaid plus the accrued legal interest was exactly \$\_\_\_\_\_.

C. The maximum value of your inventory did not exceed \$\_\_\_\_\_  
during the past 12 months.

**Pawnbrokers only:** The maximum amount loaned and unpaid plus the accrued legal interest during the past 12 months was \$\_\_\_\_\_.

D. You estimate that the average daily value of the property of others that was in your custody for any reason, whether the property was covered or not, was \$\_\_\_\_\_. The percentage of this property that was unset (non-industrial) diamonds was \_\_\_\_\_%.

Do not include property pledged with pawnbrokers or the property of other members of the jewelry trade that has been given to you for temporary safekeeping.

E. Nature of stock for sale (according to the last physical inventory). Do not include pledges. Show the percent that each classification is to your total inventory.

1. Unset diamonds: \_\_\_\_\_%
2. Jewelry, pearls, other precious stones and precious metals: \_\_\_\_\_%
3. Watches, watch bracelets, clocks, cases, movements, or parts not made of gold or mounted with precious stones. \_\_\_\_\_%
4. Silverware, pewterware, plated ware or stainless steelware. \_\_\_\_\_%
5. Jewelers findings, unset mountings or materials for manufacture. \_\_\_\_\_%
6. All other stock for sale: \_\_\_\_\_%

(Describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total (must equal 100%): 100%

F. Low valued stock for sale (according to the last physical inventory). Retailers and Pawnbrokers do not answer.

1. The percentage of jewelry per Part 17. E. 2., and 4. valued at less than \$50 per item was: \_\_\_\_\_%
2. The percentage of watches and clocks per Part 17. E. 3. valued at less than \$50 per item was: \_\_\_\_\_%

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## PART 18 – DESCRIBE YOUR PREMISES

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A. How many entrances are open to the general public? \_\_\_\_\_  
Not open to general public? \_\_\_\_\_

B. Your usual business hours are from: \_\_\_\_\_ to: \_\_\_\_\_.  
What days? \_\_\_\_\_

- C. Give the names and addresses of any other jewelry stores or locations that are in the jewelry trade that you own or operate:

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## PART 19 – COMPLETED BY APPLICANT

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The signing and delivery of this proposal does not bind us to provide the coverage. The signing and delivery of this proposal does not bind you to purchase this insurance. Each answer in Parts 1 through 18 will constitute a warranty should a policy be issued and the pricing of the policy is predicated on these statements. If these statements are false, this policy will be void and there shall be no coverage.

If it is necessary to provide additional information, it may be given on a separate, signed supplemental page. A signed copy of this proposal and the supplemental page, when applicable, will be part of the policy.

Signature of Proposer

Title \_\_\_\_\_ Date \_\_\_\_\_

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## ADDITIONAL UNDERWRITING INFORMATION

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- A. How many floor and wall showcases do you have? \_\_\_\_\_

1. Are they all equipped with key locks? [ ] yes [ ] no

If no, describe type of case and/or lock. \_\_\_\_\_

2. Are the showcases kept locked except when property is being removed or replaced? [ ] yes [ ] no

3. How are the showcase tops secured? \_\_\_\_\_

- B. Are your premises shared with others? [ ] yes [ ] no

If yes, give the name and state the nature of the business:

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C. Are you located in an enclosed mall?     yes  no

If not, where are you located? \_\_\_\_\_

D. List any optional coverages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_