

# Jewelers Block Application

## About This Program

This application is used to insure the inventory of retail, wholesale and manufacturers of jewelry.

## Required Documents

The following documents are required to apply for coverage:

- This application
- Loss Runs from Prior Carrier
- Alarm Certificate
- Salesperson Schedule (for transporting > \$25k)
- Shipment Declaration (for shipments > \$25k or foreign shipments)
- Exhibition Schedule (for exhibiting items at shows)
- Fraud Statement

## Applicant Information

Named Insured:	
Entity Type:	<input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit
Country of Residency (if individual):	
Country of Registration (all others):	
Primary Address (no PO Box):	
Mailing Address (if different to primary):	
Contact Person:	
Phone / Fax:	
Email:	
Website:	
Year Business Established:	
Federal ID/Social Security #:	

## Operations

Primary Operations	<input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Manufacturing
Description of Business/Operations	

## Insurance History

Any insurance declined or cancelled in the past 5 years? (not applicable in MO) If yes, provide details:				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any prior insurance coverage? If yes, provide details below				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy Type	Carrier	Policy #	Expiration Date	Premium	
			/ /		
			/ /		

Any losses in the past 5 years? If yes, provide details below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Policy/Line	Date of Loss	Description of Loss	Amount of Loss		
	/ /				
	/ /				
	/ /				
	/ /				

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## Business Details

### Operational Data

Annual Sales	
Number of Employees	
Minimum number of employees on premises during business hours	
Business Hours	From: _____ To: _____
Estimated daily average value of property in the custody of jewelry dealers, including appraisers and repairers, or out on consignment or memorandum, during the past 12 months.	

### Industry Associations

Are you a member of any Jewelry Associations? If yes, provide name(s):	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
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### Pawnbrokers

Do you handle pawned property? If yes: What percentage of sales is related to jewelry? Amount loaned and unpaid plus accrued interest at legal rate on pledged property?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 60% or more <input type="checkbox"/> Less than 60% _____
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### Shipments & Transporting Items

Total value of property shipped during the last 12 months.	
Number of shipments the past 12 months.	
Maximum value of any one shipment.	

### Owners

Name (First and Last)	Title	Years of Experience

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## Locations, Inventory, Security and Location Specific Coverages

### Location Details

Address (Street, City, State, Zip)	
Year Built	
Building Construction	<input type="checkbox"/> Fire Resistive <input type="checkbox"/> Frame <input type="checkbox"/> Joisted Masonry <input type="checkbox"/> Masonry Non-Combustible <input type="checkbox"/> Metal Non-Combustible
Type of location	<input type="checkbox"/> Downtown (not mall) <input type="checkbox"/> Enclosed Mall <input type="checkbox"/> Free-standing (not downtown) <input type="checkbox"/> Industrial park <input type="checkbox"/> Strip Mall
Number of Floors in Building	
Floor Location of Applicant	
Flood Zone	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> V <input type="checkbox"/> X <input type="checkbox"/> All Others

### Inventory Procedures

Do you maintain a detailed record of inventory	<input type="checkbox"/> Yes <input type="checkbox"/> No
How often is inventory taken	
Last inventory date	
Value of inventory when last taken	
Maximum value of all inventory during the past 12 months	
Estimated average daily amount of other people's property in our custody or control during the last 12 months.	

### Peak Season

Do you have a peak season during which your inventory increases substantially	<input type="checkbox"/> Yes <input type="checkbox"/> No
Beginning of Peak Season	/ /
End of Peak Season	/ /
Maximum inventory limit during peak season	

### Allocation of Stock at Last Inventory

Loose diamonds (non-industrial)	_____ %
Pearls, natural and cultured (mounted & unmounted)	_____ %
Other unset precious stones	_____ %
Unset semi-precious and imitation stones	_____ %
Jeweler mounted with diamonds or other precious stones	_____ %
Other jewelry including costume jeweler & gold jeweler	_____ %
Watches, watch cases, watch bracelets mounted with diamonds or other precious stones	_____ %
Other watches, watch cases, movements, parts	_____ %
Clocks (including cases, movements, parts)	_____ %
Silverware, pewter, plate and stainless steel	_____ %
Jewelers' findings, unset mountings and material for manufacture	_____ %
All other stock (Describe: _____ )	_____ %

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## Security

<b>Premises Alarm Details</b>															
Is the premises alarm system UL certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Provide the UL Certificate number for the premises															
Central Station Alarm Monitoring Company															
<b>Safe/Vault Details</b>															
Manufacturer's name															
Fire/burglary rating	<table border="0"> <tr> <td><b>Vault</b></td> <td><b>Safe</b></td> </tr> <tr> <td><input type="checkbox"/> No Vault</td> <td><input type="checkbox"/> UL TL 15</td> </tr> <tr> <td><input type="checkbox"/> Class 1</td> <td><input type="checkbox"/> TL 30</td> </tr> <tr> <td><input type="checkbox"/> Class 2</td> <td><input type="checkbox"/> TL 30 composite</td> </tr> <tr> <td><input type="checkbox"/> Class 3</td> <td><input type="checkbox"/> TL 30 x 6</td> </tr> <tr> <td><input type="checkbox"/> Class M</td> <td><input type="checkbox"/> TR TL 15 x 6</td> </tr> <tr> <td></td> <td><input type="checkbox"/> TR TL 30 x 6</td> </tr> </table>	<b>Vault</b>	<b>Safe</b>	<input type="checkbox"/> No Vault	<input type="checkbox"/> UL TL 15	<input type="checkbox"/> Class 1	<input type="checkbox"/> TL 30	<input type="checkbox"/> Class 2	<input type="checkbox"/> TL 30 composite	<input type="checkbox"/> Class 3	<input type="checkbox"/> TL 30 x 6	<input type="checkbox"/> Class M	<input type="checkbox"/> TR TL 15 x 6		<input type="checkbox"/> TR TL 30 x 6
<b>Vault</b>	<b>Safe</b>														
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<input type="checkbox"/> Class 2	<input type="checkbox"/> TL 30 composite														
<input type="checkbox"/> Class 3	<input type="checkbox"/> TL 30 x 6														
<input type="checkbox"/> Class M	<input type="checkbox"/> TR TL 15 x 6														
	<input type="checkbox"/> TR TL 30 x 6														
Is safe located within a vault?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Safe/Vault alarm company name															
Safe/vault alarm UL Certificate number															
Outside of business hours, percentage of property left out of safe/vaults	<input type="checkbox"/> None <input type="checkbox"/> <10% <input type="checkbox"/> <25% <input type="checkbox"/> >25%														
<b>Additional Security Details</b>															
Do you have an armed uniformed guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Controlled Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Closed Circuit TV with DVR/VCR	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Double Door Security Vestibule	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Bullet Proof Package Receptacle	<input type="checkbox"/> Yes <input type="checkbox"/> No														
Number of entrances															
Open to the general public	_____														
Not open to the general public	_____														

## Showcases

Are there any <b>inside showcases</b> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) Number of inside show cases	_____
b) How are the interior showcase tops secured?	_____
c) Are all inside showcases equipped with key locks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Are the showcases kept locked during business hours except when the contents therein are actually being removed or replaced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of <b>Show Window Displays / Outside Showcase displays</b>	
a) Type of Glass	<input type="checkbox"/> Regular Plate Glass <input type="checkbox"/> Minimum 8mm Glass

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## Location Specific Coverages

The coverages indicated below are location specific and will thus apply only to the location indicated.

**Location:** \_\_\_\_\_

Coverage	Limit
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**Inland Marine** (Indicates required coverages if Inland Marine is purchased)

Stock	
Stock At Your Premises *	
Property in Safe Deposit Vault of Any Bank, Trust or Safe Deposit Company	
Property at Premises of Any Dealer, Processor, or Similar Bailee in the Jewelry Trade	
Show Windows & Outside Displays at Insured's Premises	
Regular Plate Glass	25,000
Minimum 8mm Glass	Equals Inventory Limit at Premises
Goods in the Custody of Others	25,000 included <input type="checkbox"/> _____ other
Additional Coverage Options	
Office Contents, Furniture, Fixtures, Tools, Machinery, Fittings	25,000 included <input type="checkbox"/> _____ other
Patterns, Mold, Models and Dies	25,000 included <input type="checkbox"/> _____ other
Tenant Improvements and Betterments	25,000 included <input type="checkbox"/> _____ other
Peak Season Coverage	<input type="checkbox"/> Include <input type="checkbox"/> Exclude
Earthquake (applicable only to earthquake zones, eligibility is based on construction type)	25,000 included <input type="checkbox"/> _____ other
Flood (available for all zones other than A, V, E)	

**Pages 3 - 5 must be completed separately for each Location.**

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## Coverage Options

The coverages indicated below apply across all scheduled locations.

### Dates of Coverage

Effective:        /        /        (12 month coverage term)

### Coverage

### Limit

### Deductible

### Inland Marine

Deductible	<input type="checkbox"/> 2,500	<input type="checkbox"/> 5,000	<input type="checkbox"/> 10,000
	<input type="checkbox"/> 25,000	<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000

	Base Limit (included)	Increase Options	Ded
<b>Additional Coverage Options</b>			
Transit to and From the US Postal Service	125,000	n/a	1,000
Money and Securities	5,000	<input type="checkbox"/> 10,000 <input type="checkbox"/> 15,000 <input type="checkbox"/> 25,000	
Electronic Data Processing Equipment	25,000	<input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000 <input type="checkbox"/> 150,000 <input type="checkbox"/> 200,000 <input type="checkbox"/> 250,000	
Registered Buyer	25,000	n/a	
Accounting Expense	1,500	n/a	
Theft Damage to Buildings	25,000	<input type="checkbox"/> 50,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000	
Travel *	25,000	<input type="checkbox"/> 35,000 <input type="checkbox"/> 50,000 <input type="checkbox"/> 60,000 <input type="checkbox"/> 75,000 <input type="checkbox"/> 100,000	
Off Premises Coverage	Included	included	
Property Worn by You or Your Employees (at Shows only)	Included	Included	
Registered Buyer	Included	included	1,000
Shipping Limit **			500
Express Carriers	25,000	Schedule Shipments on Page 8	
First Class Registered/Express Mail	25,000		
Armored Car	25,000		
Merchants Parcel Delivery Service	25,000		
Air Freight	25,000		
Exhibition Coverage	As Declared	Schedule Exhibitions on page 9	

\* For increases in the travel limit above the blanket limit, please complete the Salesmen, Owners & Employees Schedule on page 8

\*\* Increases to the shipping limit are handled on a per shipment basis. To declare a shipment above \$25,000 in value or a foreign shipment, complete the Shipments Schedule on page 9

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To be completed by your Insurance Broker:

Insurance Company(s) Applied to: \_\_\_\_\_

Insurance Agency/Agent: \_\_\_\_\_

License Number: \_\_\_\_\_

NOTE: Coverage availability will vary based on individual risk characteristics and the State in which insured is located.

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## Salesmen, Owners & Employees Schedule

The policy includes coverage for the transport of up to \$25,000 of merchandise for any salesman, owner, or employee. Salesmen, owners or employees transporting items with a value greater than \$25,000 at any one time are required to be scheduled.

The blanket limit of 25,000 may be increased to 100,000. To select the increase, indicate such on the Coverage Options on Page 7.

### Salesman Details

Full Name	
Classification	<input type="checkbox"/> Salesman <input type="checkbox"/> Owner <input type="checkbox"/> Employee
Date of Birth	
Drivers License Number / State	
Home Address	
Country of Citizenship	<input type="checkbox"/> United States <input type="checkbox"/> Canada
Years experience in jewelry industry	
Years experience as traveling jewelry salesperson in the US	
States in your territory	
Number of Travel Days Per Year	
a) Local (In same city as insured's premises)	
b) Non-Local (Elsewhere in the US)	
Average amount carried	
Maximum amount carried	
Limit of Insurance required	
Where are goods kept during non-business hours?	
When you carry merchandise, do you use:	<input type="checkbox"/> A container strapped to your body <input type="checkbox"/> Inside Pocket <input type="checkbox"/> Wheeled Container
Any losses over the past 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe	_____

### Other Brands

Do you carry other lines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide:	
Value (at cost)	_____
Company Name	_____
Address, City State Classification	_____

### Signature

Signature	
Date Signed	

**This page must be completed separately for each scheduled Owner, Salesperson or Employee.**

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## Shipments Schedule

The policy includes coverage for the shipping of up to \$25,000 of merchandise in any one shipment by and between the United States, Canada, their territories and possessions. Shipments that must be scheduled are those:

- a) Values exceeding \$25,000 or
- b) Shipping overseas or being shipped from overseas.

### STEP 1: Shipment Details

Shipping Method	<input type="checkbox"/> Express Carrier <input type="checkbox"/> First Class Registered/Express Mail <input type="checkbox"/> Armored Car <input type="checkbox"/> Merchants Parcel Delivery Service <input type="checkbox"/> Air Freight
Name of Shipping Company	
Shipping Date	
Tracking # (assigned by shipping company)	
Shipping From Address	
Shipping To Address	

### STEP 2: Item to Include in Shipment

If multiple items will be included in the shipment, duplicate this section for each item.

Category of Item being shipped	<input type="checkbox"/> Loose Diamonds (non-industrial) <input type="checkbox"/> Pearls, natural and cultured (mounted & unmounted) <input type="checkbox"/> Other unset precious stones <input type="checkbox"/> Unset semi-precious and imitation stones <input type="checkbox"/> Jeweler mounted with diamonds or other precious stones <input type="checkbox"/> Other jewelry including costume jeweler & gold jeweler <input type="checkbox"/> Watches, watch cases, watch bracelets mounted with diamonds or other precious stones <input type="checkbox"/> Clocks
Detailed Description of Item	
Value of Item	

**This page must be completed separately for each scheduled shipment.**

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## Exhibition Coverage

The exhibition of stock at industry shows must be scheduled to the policy. Complete the items below for each that you will be exhibiting your stock and desire coverage.

Name of Show	Location of Show (Address, City, State, Zip)	Dates of Show Start/End	Limit of Insurance	Transit Coverage *
				<input type="checkbox"/> Include <input type="checkbox"/> Exclude
				<input type="checkbox"/> Include <input type="checkbox"/> Exclude
				<input type="checkbox"/> Include <input type="checkbox"/> Exclude
				<input type="checkbox"/> Include <input type="checkbox"/> Exclude
				<input type="checkbox"/> Include <input type="checkbox"/> Exclude

\* Transit Coverage indicates that the transit of property to and from the scheduled Show by armored carrier is included for the limited indicated for a single loss.

