

# JEWELLERS INSURANCE PROPOSAL FORM

Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Answer all questions in full and tick Yes/No boxes where required. Use separate sheets to complete answers if necessary.

Co	ompany details		
1	Name(s) of Principal(s):		
2	Assured's name (Please include full	trading name as to appear on policy):	
3	Website address:		
4	Name(s) under which the Principal(	s) has previously traded:	
5	Risk address (please complete a separa	ate proposal form for each location as required)	:
P(	How many years have you been:  • At your current premises?  • Elsewhere?		
7	What was your annual turnover/sale currency code)	s in your last Financial Year? (Please confirm	
8	What percentage of your annual turnor	ver/sales was derived from the following:	
	• Retail		%
	• Wholesale		%
	Manufacturing		%
	• Pawnbroking		%
9	How many employees do you have?		

### Premises

	Are the premises constructed of brick, stone or concrete, roofed with slates, tiles or other non-combustible materials?	☐ Yes	☐ No
2	Are the premises:		
	• In a good state of repair?	☐ Yes	☐ No
	• Free from signs of subsidence, landslip or heave and have never suffered from these problems?	Yes	☐ No
3	Are the premises:		
	• susceptible to or in an area with a history of flooding?	Yes	☐ No
	• have a basement in which stock is stored?	Yes	☐ No
4	Are the premises self-contained and used solely by you?	Yes	☐ No
5	Are your premises occupied at night?	☐ Yes	☐ No
6	Are your premises located within a shopping centre or mall?	Yes	☐ No
7	Are all keys (including alarm, safe and strongroom keys) removed from the premises outside business hours?	☐ Yes	☐ No
8	Are the premises occupied and trading regularly throughout the year?	☐ Yes	☐ No
9	If you have ticked any of the boxes outlined in blue above please give full details:		
Se	ecurity protections		
	ecurity protections  arm system  Is a burglar alarm fitted?	☐ Yes	☐ No
Ala	arm system	☐ Yes	□ No
Ala	arm system  Is a burglar alarm fitted?		
Ala	arm system  Is a burglar alarm fitted?  Is it connected to the police/central station?	☐ Yes	□ No
Ala	<ul> <li>arm system</li> <li>Is a burglar alarm fitted?</li> <li>Is it connected to the police/central station?</li> <li>Does it cover all areas containing the insured items?</li> </ul>	☐ Yes	□ No
Ala	<ul> <li>arm system</li> <li>Is a burglar alarm fitted?</li> <li>Is it connected to the police/central station?</li> <li>Does it cover all areas containing the insured items?</li> <li>Is the system maintained annually under contract?</li> </ul>	☐ Yes	□ No
Ala 1	<ul> <li>arm system</li> <li>Is a burglar alarm fitted?</li> <li>Is it connected to the police/central station?</li> <li>Does it cover all areas containing the insured items?</li> <li>Is the system maintained annually under contract?</li> </ul>	☐ Yes☐ Yes☐ Yes	☐ No ☐ No ☐ No

	<b>protection</b> Details of fire protections.				
I	Do you have:				
•	• Fire extinguishers?		☐ Yes ☐ No		
•	• Fire alarm?		☐ Yes ☐ No		
	If Yes, is it connected to a cen	ntral station?	☐ Yes ☐ No		
•	• Smoke detectors/alarm?		☐ Yes ☐ No		
•	• Sprinklers?		☐ Yes ☐ No		
	s and strongrooms Is there a safe or strongroom?		☐ Yes ☐ No		
]	If Yes, please state	• Make			
		• Model			
		Approximate weight	Kg		
•	Are your display windows and i	inside/outside showcases kept permanently locked	d with keys removed?		
	☐ Yes ☐ No				
	If No, please give full details of how such display windows and showcases are protected:				
•	Are all display windows/outsic are not open for business?	ide showcases protected externally by either sh	utter(s) and/or grille(s) when the premises  Yes No		
	If Yes, please give full details or	f such protections and state how they are secured:	: 		

Sec	curity protections (continued)
	Please provide details of any other means of protection for the display windows and showcases:
Jen	eral protections
5	Please give full details of how all entrances to the premises, windows (other than display windows), skylights, fanlights or other
	roof openings are protected:
,	Please give details of any other special means of protection:
Exp	posures/coverage required
3asi	is of valuation
l	On what basis do you require claims to be settled, eg. cost price, cost + 10%, etc?
	NOTE: Unless otherwise agreed on the Policy, claims in respect of your own stock will be settled on the basis of cost price. Claims for stock consigned to you will be settled on the basis of consignment value. All figures completed on this Proposal must reflect the basis of valuation required.
	ck values
2	Please confirm the currency in which all relevant questions will be completed
3	What sum insured do you require in total for your own stock and money and goods
	in trust?
	If Yes, please state Dates required Additional amount
	Please confirm the following:
	The last physical stock take of your own stock was taken and recorded on
	and was exactly
	The previous physical stock take of your own stock at least six months prior to above was taken and recorded on
	and was exactly

	The rexcee		n stock and goods in trust during	the last 12 months did not			
Nat	Nature of stock						
5			(as set forth in question 2) about	ove was made up of the followin	g:		
	i.	Unset diamonds and other	precious stones and pearls		%		
i	i.	Jewellery mounted with di	amonds and/or precious stones		%		
ii	i.	Gold and gold chains			%		
iv	V.	Other jewellery			%		
7	V.	Watches			%		
V	i.	Unset semi-precious and in	mitation stones		%		
vi	i.	Costume jewellery			%		
vii	i.	Clocks, silverware, platew	are and other similar goods		%		
Val	nes o	ut of safe					
6	Wha	t will be the maximum va	lue of all stock (including thos	e in windows) out of locked safe	or strongroom outside		
		ness hours:					
	Total	I					
	Max	any one item					
7	Ofth	ne total value indicated in	question 6 above what value w	vill be made up of items listed in	question 5i) to 5v)?:		
	Total						
	Max	any one item					
Dis	play v	windows and showcases	3		[		
8	•	How many display windo	ows do you have?				
	•	Do you have showcases outside of your premises? How many?					
	Please state the maximum values which will not be exceeded in:						
			During business hours	Lunchtime closing	Outside business hours		
	Any	one window					
		showcase outside of premises					
	All windows and outside showcases						

### Exposures/coverage required (continued)

representatives, travellers, agents, meto/from exhibitions)?	essengers and delivery	hands (not including transit	☐ Yes [
If Yes, for each of the following sect messengers and delivery hands but N from Bank or Safe Deposit) during the	OT brokers who have		
Within the city or town in which you premises are situated:	r No of days each person per annum	Average amount each	Maximum amount eacl
Elsewhere in the country in which your premises are situated:	No of days each person per annum	Average amount each	Maximum amount each
Elsewhere (state countries in each case):	No of days each person per annum	Average amount each	Maximum amount each
ne risk  Does any principal, employee, repres please provide the following informa		gent take stock to their private	e residence for any purpose?
Name	Address		Maximum value taken

NOTE: Cover under this section requires that such goods remain under the personal and permanent supervision of an adult person unless locked in a safe at the private dwelling house.

Exposures/coverage required (continued)

11	Do you require cover for stock away from the premises when in the care, custody and control of others in the trade?  Yes No					
	If Yes, Please state:					
	During the last 12 months what was the repairer, cutter or broker at any one time		usted to any one dealer,	customer,		
	During the last 12 months what was the repairers, cutters or brokers at any one t		usted to all dealers, cust	tomers,		
	What territorial limits do you require? (	delete as applicable)			Eur	ope / Worldwide
Sen	ndings					
12	Do you require for sending of stock by	post, couriers and the	like?			☐ Yes ☐ No
	If Yes, please complete the following	in full:				
	What was the aggregate value of all insurequire cover (not including to or from a		ring the past 12 months	by the following	ng metho	ds for which you
		Within Country	Elsewhere		Maximu per pack	ım amount tage
	Registered Mail / Registered Airmail					
	Federal Express, UPS, other courier service					
	Armoured Car Service, eg. Brink's					
	Other (please specify):					
	Please confirm the aggregate value sent months.	to/from USA by all a	bove methods during th	ne past 12		
Exl	hibitions					
13	Do you require coverage for exhibitions	s?				☐ Yes ☐ No
	If Yes, please complete the following in	full:				
	Name and location	Date from/to	Limit required	Is cover re for transits from?		Method of transit to and from exhibition

Exposures/coverage required (continued)

	se note that you must declare the full reinstatement value of the property to be insured under the	nis section otherwise th	ne
cond	dition of Average may apply in the event of a claim.		
14	Trade and office furniture, fixtures, fittings, tenant's improvements, computers, safes, alarm systems, windows, machinery and tools, showcases and all other business contents		
	Interior and exterior glass (at cost of replacement as new)		
	Total		
	Do you require cover for laptop computers, mobile phones and the like away from the premis $\square$ Yes $\square$ No	es?	
	If Yes, do you require cover for (delete as applicable)	Europe/Worldwi	de
	Please give details of items and value:		
We	aring risk		
15	Do you require cover for stock whilst being worn away from the premises?	Yes	□ No
	If Yes, please confirm limit required		
Wo	rking upon property		
16	Do you require cover for stock whilst being worked upon?	Yes	☐ No
	If Yes, please confirm limit required		
	ployee infidelity  Do you require cover for Infidelity of Employees?	Yes	□ No
	If Yes, please confirm limit required		
Def <b>18</b>	ective title and pound breach  This provides indemnity against financial loss to the business caused by the purchase, in good faith acquire good title.	, of stock where you do	not
	Is cover required?	Yes	□ No
	What limit of Indemnity is required?		

## Exposures/coverage required (continued)

	fessional indemnity  Do you require cover for wrongful	valuations?		☐ Yes ☐
	If yes, please confirm			
	Limit of Indemnity required			
	Annual turnover received from	m providing valuations		
	7 Amuar tarnover received no.	in providing variations		
51	urance history			
State all losses suffered or claims made against you or any Director or Partner (in this or any of may have been trading) for any of the covers detailed in this proposal form within the last five y				
	Date of Loss	Circumstances of Loss	Amour	at of Loss
	What actions have been taken to	prevent reoccurrence of each of the above	claims?	
	renewing your policy?	r refused to issue or continue any Insuranc		☐ Yes ☐
	Has any Principal, Director or Business Partner ever been declared bankrupt, had a company go into liquidation or become insolvent?  Yes No  Has any Principal, Director or Business Partner had any convictions, other than for motoring offences?			
	become insolvent?  Has any Principal, Director or Bus	iness Partner had any convictions, other than	for motoring offence	
	become insolvent?  Has any Principal, Director or Bus  Yes No	iness Partner had any convictions, other than e outlined boxes above please provide full		

#### Declaration

Signing this Form does not bind the Proposer to complete the Insurance, but it is agreed that this Form shall be the basis of the Contract should a Policy be issued.

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

I/We agree that if this insurance is completed the protections and/or safeguards mentioned herein shall not be withdrawn or varied to the detriment of the interests of the Underwriters without their consent.

Signature of Drancor:	
Signature of Proposer:	İ
	Date