



Jewellers' Block Application

| APPLICANT INFORMATION | |
|---|---------------------|
| Firm or corporation name: | |
| Name of individuals who have proprietary or financial interest: | |
| Name of officers and directors of the corporation: | |
| Mailing address: | |
| How long have you carried out business in these premises? | Elsewhere: |
| Are the premises shared with others (yes or no)? | If yes, state name: |

| UNDERWRITING DETAILS | | | |
|--|------------------------|-------------------------|-----------|
| Nature of business (based on sales): Manufacturing: % Wholesale: % Retail: % | | | |
| How many employees do you have on payroll? Full time: Part time: | | | |
| What is the least number of employees, officers, or owners on your premises: During business hours: Opening or closing: | | | |
| 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 above during this period. | | | |
| Date of Loss | Amount of Loss | Nature of Loss | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Give particulars where any insurer has cancelled or refused to issue or to continue any insurance for the proposer or any individual stated above. | | | |
| | | | |
| Are you a member of Jewellers Security Alliance? | | Yes | No |
| On what basis do you require claims to be settled? | | Yes | No |
| <i>N.B Unless otherwise agreed on the Policy claim in respect of your own stock will be settled based on cost price. All figures completed on this Proposal must reflect the basis of valuation required.</i> | | | |
| Inventories of all property wherever located: | | | |
| <i>If you can give your exact monthly inventories for the last 12 months attach a slip showing these inventories with the date of each and questions, this section does not need to be answered</i> | | | |
| | Written Inventory Date | Written Inventory Value | |
| Last Available | | | |
| 6 Months Prior | | | |
| Maximum amount of stock during the last 12 months did not exceed: | | | |
| Minimum amount of stock during the last 12 months did not exceed: | | | |
| Average daily amount of others property in our custody or control during the last | | | |

| | | | |
|---|---|--|---|
| 12 months, insured, uninsured for any purpose. | | | |
| Nature of stock as per last merchandise inventory (Must total 100%): | | | |
| Unset Diamonds (<i>Non-Industrial</i>) | % | Jewellery Mounted with Precious Stones | % |
| Pearls (<i>Mounted and Unmounted Not Including Simulated</i>) | % | Other Jewellery | % |
| Other Precious Stones (<i>Unset</i>) | % | Watches, Watch Cases, Attachments, Mounted with Diamonds And Precious Stones | % |
| Other Stones Unset (<i>Semi-Precious and Imitation Stones</i>) | % | Other Watches, Cases, Movements, Parts | % |
| Clocks (<i>Including Cases, Movements, Parts</i>) | % | Silverware, Plated Ware | % |
| Gold (<i>Finished Items</i>) | % | Jeweller's Findings, Unset Mountings, Material for Manufacture | % |
| Other Stock (<i>Describe</i>) | | | % |
| Give full particulars of method used to maintain stock records: | | | |
| How often do you take a written physical stock inventory: | | | |
| Do you require cover for: Fire & Lightning: Flood: Earthquake: | | | |
| If you require cover for Fire & Lightning, state appropriate fire rate: | | | |

REVENUE

| |
|---|
| Revenue percentage comes from: Retail Sales: % Manufacturing: % Other: % |
| If "other" is completed, please explain: |

Please state your revenue in respect if the following years:

| Date of financial year end: / (dd/mm) | Last complete financial year | Estimate for current financial year |
|--|------------------------------|-------------------------------------|
| (a) Canadian revenue: | | |
| (b) USA revenue: | | |
| (c) Other territory revenue: | | |

For the 12 months, please provide a full breakdown of your total revenue by activity (attach a separate page if further room is required):

| Activity | Percentage of you total revenue | Percentage subcontracted |
|----------|---------------------------------|--------------------------|
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |
| | % | % |

LIMITS OF LIABILITY REQUIRED

| | | |
|--|------------|-----------|
| What year was the building built? | Yes | No |
| Has there been any updates to the building? | Yes | No |
| If yes, please list them below and date they were completed. | | |
| 1. | | Date: |
| 2. | | Date: |
| 3. | | Date: |

| | | | |
|---|-----------------------------|----------------|-----------------------------|
| List the dollar amount of property at proposer's premises only | | | |
| Pattern, moulds and dies | \$ | | |
| Stock (<i>Including other people's goods</i>) | \$ | | |
| Money in locked safe at proposer's premises | \$ | | |
| Furniture, fixtures, machinery, tools, and fittings | \$ | | |
| Proposers interest in improvements and betterments to premises | \$ | | |
| <i>Note: Insurance on Furniture, etc. and prospers etc. may not be less than 80% of estimated total value</i> | | | |
| Property (additional to above) deposited in safe or vault of a Bank or Safe Deposit Company | \$ | | |
| <i>Note: Any property stated above would be automatically covered at no additional charge whilst temporarily deposited in Bank or Safe Deposit Company.</i> | | | |
| Property in the custody of a dealer of property of the same kind not employed by or associated with the Proposer | \$ | | |
| Property in transit by Registered Mail anyone sending | \$ | | |
| Total amount of property shipped by Registered Mail at our risk during the last 12 months (<i>Not including amounts insured with the Post Office</i>) | \$ | | |
| Estimated average daily amounts of property in the custody or control of others, except as provided above during the last 12 months | \$ | | |
| 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 above 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 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 | Number of Days | Average Amount | Limit of Liability to Apply |
| In Cities or Towns in which the proposer's premises are situated | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| Elsewhere (State territory required) | | | |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| At Home Name | Home Address | | Protections |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| WINDOW DISPLAY AT PREMISES (INCLUDING OUTSIDE SHOW CASES) OCCUPIED BY PROPOSER | | | |
| <i>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 plate glass (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.</i> | | | |
| Number of show windows (opening into the interior of the premises) | | | |
| How many are protected against window smashing and how? (<i>See note above</i>) | | | |
| Number of outside show cases | Describe cases and location | | |

| How are they protected against forcible entry? | | | | |
|---|---------------------------|-------------|-----------------------------|-------------|
| | Premises Open to Business | | Premises Closed to Business | |
| During the term of the insurance, the maximum value displayed will not exceed | Protected | Unprotected | Protected | Unprotected |
| All Windows and Outside Showcases | | | | |
| Any One Window | | | | |
| Any One Article | | | | |
| Any One Outside Showcase | | | | |
| Limit of liability to apply | | | | |
| All Windows and Outside Showcases | | | | |
| Any One Window | | | | |
| Any One Article | | | | |
| Any One Outside Showcase | | | | |
| Special Coverage Desired: | | | | |

| PRIVATE PROTECTIONS | | | | | |
|--|-----|------------------|---|-------|------------------------------|
| Are the 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 | | |
| Is there a Central Station Holdup Alarm protecting your premises? | | | Yes | No | Number of Signal Buttons |
| Is the entrance to the premises monitored by CCTV Camera? | | | Yes | No | Is it being recorded? Yes No |
| Number of guards protecting premises? | | How many armed? | Are there any other protective systems? | | Yes No |
| Give full particulars of each safe including make, class, UL rating, etc. | | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| Give full particulars of the vault including its construction, door specification and locks. | | | | | |
| Give details of all electrical alarm systems protecting above safe(s) and/or vault(s) | | | | | |
| Safes | 1 | 2 | 3 | Vault | |
| Name of protective company | | | | | |
| Central Station | | | | | |
| Local | | | | | |
| Local to Police | | | | | |

| | | | | |
|--|--|---|---|---|
| Grade (AA,A,B,C) | | | | |
| Complete or partial | | | | |
| UL Certificate | | | | |
| Expiring | | | | |
| Indicate promotion of total stock on premises kept in each safe(s) and/or vault(s) when closed | | | | |
| Safes | | % | % | % |
| Indicate maximum value any one item out of safe (including window display) when premises are closed \$ | | | | |
| 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 will be | | | | |
| From what date is insurance desired? | | | | |

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| ADDITIONAL BROKER COMMENTS |
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DECLARATION

For purposes of the Insurance Companies Act (Canada), any document would be issued in the course of Lloyd’s Underwriters’ insurance business in Canada. Where (a) an Applicant for this contract gives false particulars to the prejudice of the insurer or knowingly misrepresents or fails to disclose any fact in any part of this application required to be stated therein; or (b) the insured contravenes a term of the contract or commits a fraud; or (c) the Insured willfully makes a false statement in respect of a claim, a claim will become invalid and the Insured’s right of recovery is forfeited. The Applicants have reviewed all parts and attachments of this application and acknowledge that all information is true and correct and understand that this application for insurance is based on the truth and completeness of this information. I have provided personal information in this document and otherwise and I may in the future provide further personal information. Some of this personal information may include, but is not limited to, my credit information and claims history. I authorize my broker, or insurance company to collect, use and disclose any of this personal information, subject to the law and my broker’s or insurance company’s policy regarding personal information, for the purpose of communicating with me, assessing my application for insurance and underwriting my policies, evaluating claims, detecting and preventing fraud, and analyzing business results. I confirm that all individuals whose personal information is contained in this document have authorized that I agree to the above on their behalf.

This application and any supplements attached hereto do not bind the Applicant or the Company to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued. THE UNDERSIGNED HEREBY ACKNOWLEDGE THE TRUTH OF THE STATEMENTS CONTAINED

- I certify that all statements made in this application are true and that I have not mis-stated or suppressed any material fact.
- I agree that this application form, together with any other material information supplied, shall form the basis of any contract of insurance agreed upon.
- I undertake to inform Underwriters of any material change to these facts occurring before the completion of the contract.

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|---|---------------|
| Signatures(s) of All named Insureds (only required if binding): | Full Name(s): |
| Position(s) Held at Insured: | Date: |