
JEWELLERS' BLOCK POLICY

PROPOSAL FORM

IMPORTANT NOTICE

1. Please answer all questions. Where there is insufficient space available please supply information on a separate sheet of your headed paper.
2. The questions must be answered to the best of your knowledge and belief. This form must be signed and dated.
3. Please provide a brochure, if available.
4. A copy of the proposed policy/certificate wording is available on request.
5. When you receive your quotation you are strongly advised to examine the proposed policy/certificate wording and make sure that it complies with your requirements.
6. It is your continuing duty to disclose all material facts during the policy period which may influence underwriters assessment of your business. Failure to make such disclosures may prejudice your rights in the event of a claim or render the policy avoidable.

1. Particulars of Proposer

Name of Proposer _____ I.D. Card nr. _____

Address _____ Telephone Nr. _____

How long have you been involved in jewellery business _____

2. Nature of Business

a) What is the nature of your business? Retail _____%

Wholesale _____%

Manufacturing _____%

b) Please indicate the situation of the risk(s). If more than one location, please specify.

c) Do you have your own workshop Yes No

If 'Yes', please give details

3. Employees

a) How many employees do you have? (Number including owner) _____

b) Do two or more of your staff always attend to your sales area during business hours?

Yes _____ [Comments] _____

No _____ [Comments] _____

4. Valuation Basis

On what basis do you require claims to be settled? _____

Please note:

All figures completed in this Proposal Form must reflect the basis of valuation required. Unless otherwise agreed on in the Policy, claims in respect of your own stock will be settled on the basis of Cost Price.

5. Stock Records

a) When was your last annual stocktaking? _____

b) Do you keep proper records of all sales purchases and transactions?

If 'YES', manual or computerised? _____

If 'NO', please comment. _____

c) Is it the practice to give receipts for goods left with you by non-trade customers for repair, valuation, sale or any other purpose and to require surrender of such receipts before goods are returned to the customer?

If 'YES', give comments _____

If 'NO', how can you prove the amount in case of a loss?

6. Stock Values

- a) What was the average total value during the last twelve months of
- | | |
|----------------------------------|---------|
| Your own stock | € _____ |
| Stock Belonging to third parties | € _____ |
| Total | € _____ |

The Total under a) comprises approximately

- | | |
|--|---------|
| Jewellery, gold and platinum goods, bullion,
precious stones and pearls | € _____ |
| Watches | € _____ |
| Clocks, silverware, china and other similar
Goods | € _____ |
| Leather | € _____ |
| Souvenirs | € _____ |

- b) What was the maximum value during the last twelve months of
- | | |
|----------------------------------|---------|
| Your own stock | € _____ |
| Stock belonging to third parties | € _____ |
| Total | € _____ |

7. Value out of Safe

What will be the maximum value of stock out of locked safe or strongroom?

a) Outside business hours € _____

b) During temporary closing. (e.g. lunch time) € _____

8. Sum Insured

a) For what amount is the Policy required?

- On stock (including goods of third parties) € _____
- On Trade and Office Furniture, Fixtures and Fittings, Machinery, Plant, Safes, Alarm

Systems, Tenants' decorations and

Improvements € _____

Total € _____

a) Do you require an increased sum insured for a certain period?

- On Stock (including goods of third parties) € _____

9. Window Display

- a) How many display windows and inside showcases do you have _____
- b) What is the maximum value?

	During Business Hours	Outside Business Hours
Any one article		
Any one window		
Any one inside showcase		
All windows and showcases		

10. Home Risk

- a) Are you or your employees taking stock to a private residence? Yes € _____
- No € _____

If 'YES' please state address: _____

- b) What is the maximum value taken? € _____

c) Please give details of the protection measures _____

13. Exhibitions and Shows

Do you hold any exhibitions or shows? Yes _____ No _____

If 'Yes' please state how often, where, the protection measures and the maximum amount of each exhibition/ show

14. General Protections of the Premises

a) Please give a short description of the building

b) How many entrance doors are there and how are they protected?

c) How are the windows (other than show windows) protected?

16. Central Station Alarm

a) Is there a central station alarm? Yes _____ No _____

If 'Yes' is it connected to the police or to a private Security Company?

Yes _____ No _____

If 'Yes', please state name of maker's specification and give full details

17. Safes/ Strongrooms

a) Please indicate maker's name of safe/ strongroom

b) What is the approximate size and weight?

c) what is the year of manufacture

18. Keys

Are all keys (including the alarm, safe and strongroom keys) removed from the premises outside business hours (including lunchtime?)

Yes _____ comments _____

No _____ comments _____

19. Other Protection Measures

Are there any other special means of protection? Yes _____ No _____

If 'Yes', please give details

20. Losses

Have you ever sustained a loss or losses? Yes _____ No _____

If so, please give statement covering the past five years with particulars, including the amount of each loss, and if insured, whether paid in full or otherwise.

21. Other Insurance

a) Have you previously been insured? Yes _____ No _____

If so, please state with whom, which risks were covered and for what amount?

a) Have any insurer ever declined or cancelled your coverage?

b) Are you insured against fire and up to which amount?

22. Other Circumstances

Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance?

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

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 above shall not be withdrawn or varied to the detriment of the interest of the Company without their consent.

Date and signature of Proposer
