



**Professional Insurance
Underwriting and
Marketing through Service
Integrity and Stability**

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Application for Jewellers' Block Policy

All questions must be answered

Underwriters shall rely upon each and every response given in this Proposal Form in deciding whether to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions with respect to this risk. Failing to answer or answering any question incorrectly could invalidate any policy of insurance written by Underwriters for this risk. All questions must be answered giving full details applicable to each location separately. If there is insufficient space to answer any question or questions fully, answer on a separate sheet or sheets of paper, sign and date such supplementary sheet(s) and attach them to this Proposal Form. Should a policy be written by Underwriters for this risk it may have more restrictive limits and coverages than requested in this Proposal Form. Any coverage granted shall be restricted to the terms, conditions, exclusions and limitations set out in the policy. Property will only be covered within and between the U.S.A., Puerto Rico and Canada unless otherwise specifically agreed in writing by Underwriters.

A – GENERAL INFORMATION

1. Name of Applicant (include all operating names and all subsidiaries to which the insurance is to apply):	2. State the names of all individual owners, partners (general or limited) and directors and officers of the business and how long each has been engaged in the jewellery trade in Canada:								
	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;">Name</th> <th>Duration</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Name	Duration						
Name	Duration								
3. Mailing Address (Number-Street-City or Post Office-County-Province, Postal Code):									
4. <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Corporation <input type="checkbox"/> Other:	5. Business of Applicant – Based on % of Sales: \$ _____ Retail % Wholesale % Manufacturing %								
6. Proposed Policy Period: From (m/d/y) _____ To (m/d/y) _____ 12:01 Standard time at the address of the Applicant as stated herein.									

7. The location to be insured is (Number, Street, City, Province, Postal Code):

NOTE: If more than one location, please complete additional location supplemental for each location to be insured.

8. The number of entrances open to the general public is _____ and the number not open to the general public is _____
 The usual business hours are _____ The business has been at this location since (month & year) _____
 and was previously located at _____ since _____
9. a) Total number of employees: _____ Full Time: _____ Part Time: _____
 b) How many employees and commission salespersons: (i) did you have working within the premises during the last year? _____
 (ii) do you have currently working within the premises? _____
 c) What will be the minimum number of employees, owners, partners, directors and officers within the premises at any time:
 (i) When open for business, including lunchtimes? _____
 (ii) When opening or closing, whether for business or not? _____
 (iii) Other than (b) (i) and (ii) above (i.e. working on premises when business is closed)? _____
 d) Do you obtain references and details of previous loss history for all new persons, including commission salespersons? Yes No
10. a) Number of inside show cases _____
 b) Are all show and display case(s) and cabinet(s) protected with Security film/glazing/laminated? Yes No

If "Yes," please give details of protection:

- c) Are all show and display cases and cabinets fitted with key operated self locking locks? Yes No
- d) Are all show and display cases closed and locked with keys removed when containing stock? Yes No
- e) How are the show case(s), display case(s) and cabinet tops secured? _____
(State whether glued, cemented, clamped or any other method used)
- f) What is the approximate maximum value displayed in any one showcase? _____
- g) Where are the keys to the show/display cases kept? _____

B – COVERAGE INFORMATION SECTION

- 1. Amount(s) of insurance desired:
 - (A) On **stock** (including property of others) \$ _____
 - (B) Peak period _____ \$ _____
 - (C) On equipment at the location above \$ _____
 - (D) On tenants improvements and betterments at the location above..... \$ _____
 - (E) On patterns, moulds, models and dies at the location above \$ _____
 - (F) On money in locked safe(s) or vault(s) at the location above against the peril of safe burglary \$ _____

- 2. The amount of insurance under **Item 1(A)** above is subject to the following limits of liability:
 - (A) \$ _____ in respect of property within the building at the location above
 - (B) \$ _____ in respect of property deposited in the safe or vault of a bank or sate deposit company
 - (C) \$ _____ in respect of property at a dealer, jobber or manufacturer for repair (any one location) who deals in stock of the kind handled in the ordinary course of your business.
 - (D) (i) With respect to stock in transit
 - \$ _____ (i) by first class registered mail
 - \$ _____ (ii) by first class registered air mail/security mail in any one loss, casualty or disaster or all combined
 - \$ _____ (iii) by air express or railway express in any one loss, casualty or disaster or all combined
 - \$ _____ (iv) by customer parcel delivery service including priority post
Give name of carrier used: _____
 - \$ _____ (v) by Armoured Car Service in any one loss, casualty or disaster or all combined
 - (ii) In respect of all other property (**Excluding Stock**):
 - \$ _____ (i) in transit
 - \$ _____ (ii) While at locations not owned, rented or controlled by the applicant.

- 3.a. (i) Coverage on **stock (based on cost price)**:
Subject to deductible of \$1,000 \$2,500 \$5,000 Other \$ _____
- (ii) Coverage on other property, based on 90% coinsurance (**Excluding Stock**):
Is required on Actual Cash Value Replacement Cost
Subject to deductible of \$500 Other _____

- 4. a) Are you a member of the Canadian Jewellers Association? Yes No
- b) Are you a member of the Canadian Jewellers Vigilance? Yes No
- 5. Are you a member of a trade association? Yes No Name: _____
- 6. Do you hold a Manufacturer's or Importer's license? _____

C – RATING & UNDERWRITING INFORMATION SECTION

- 1. Has any insurer ever cancelled, declined to accept, renew or to continue any insurance against the risk of loss or damage to the types of property set out in Section "B" or premises buildings in respect of:
 - a) any of the persons named in A-2 above? Yes No
 - b) this or any other business for which any of the persons named in A-2 above are or have been individual owners, partners, directors or officers? Yes No

If yes to either (a) or (b), give full details.

c) Name of current insurer: _____

i) Expiry Date of Policy: _____

ii) Is your current Policy a Jewellers Block Policy? Yes No

2. INSURANCE & LOSSES: Give statement covering all insurers and/or losses (*insured or uninsured*) during the past 5 years), with dates, nature of loss, amount, name of Insurer, and whether paid in full or otherwise.

Policy Year	Insurer	Premiums	Date of Loss	Loss Incurred	Loss Collected	Nature of Loss

Describe steps taken to help prevent further losses of a similar nature Notes Section

3. APPLICANT, EMPLOYEES, MEMBERS OF THE FIRM OR OFFICERS OF THE CORPORATION HAVING PROPERTY IN THEIR CUSTODY OR CONTROL OUTSIDE OF YOUR PREMISES DURING THE LAST 12 MONTHS:

NOTE: All carrying of goods outside of the Applicant's premises must be reported in this section.

Name and Address	Age	Position and Job Title	How long as a salesperson in Canada/USA jewellery trade?	No. of days per year?	Average Amount	Maximum Amount
A. In cities or towns in which the premise(s) are situated:						
B. Elsewhere in Canada, the United States and Puerto Rico						
C. For person(s) Named under section (b), state territory travelled (Provinces or States)						

4. PREMISES PROTECTION (A copy of the Alarm Contract and the U.L.C. Certificate should be attached):

A. BURGLAR ALARM SYSTEMS

Are the premises protected by an operating Mercantile Premises Alarm System? Central Station? Local Alarm?

Name of Protective Company _____

Extent of Protection (1-2-3)? _____ Level of line security _____

Underwriters' Laboratories Certificate No.? _____ Date of Expiration _____ 20

B. HOLD-UP ALARM AND PROTECTION SYSTEMS

(1) Is there a Central Station Hold-up Alarm protecting the premises? Yes No Number of Hold-up Buttons? _____

Location of Hold-up Buttons? _____

(2) Does the premise(s) have

(i) All doors kept closed at all times? Yes No

(ii) All doors closed and locked at all times? Yes No

(iii) A double door entry/exit system with "mantrap"? Yes No

(iv) A buzzer entry/exit system? Yes No

(v) A uniformed guard or off duty Police Officer? Yes No

If "Yes," state: a) the hours of duty _____

b) are any such guard(s) is under contract from a licensed security firm? Yes No

If "Yes," please give details: _____

(vi) Any other protections: _____

C. SECURITY CAMERAS

- (i) Are the premises equipped with a Surveillance Cameras covering all doors & areas containing stock? Yes No
- (ii) Are all cameras connected to a recording device? Yes No
- (iii) Are such systems switched on and in operation at all times when the Assured or an employee of the Assured is off the premises? Yes No

5. SAFES AND VAULTS

	Safe or Vault No. 1	Safe or Vault No. 2
A. Give full particulars of each safe or vault ULC burglary (TL/TR-30) and/or fire rating, thickness of metal, outside measurements and type of lock.		
If there is no ULC label on the safe please attach pictures of the safe (one with the door open showing the locking device and the other with the door closed).		
	Safe or Vault No. 3	Safe or Vault No. 4
. Give full particulars of each safe or vault ULC burglary (TL/TR-30) and/or fire rating, thickness of metal, outside measurements and type of lock.		
If there is no ULC label on the safe please attach pictures of the safe (one with the door open showing the locking device and the other with the door closed).		

B. ARE SAFES & VAULTS PROTECTED BY A BURGLAR ALARM SYSTEM ?

- Does the safe have an alarm contact on the door?
- Is there heat detection?
- Is there vibration detection?
- Is there a separate ULC certificate for the safe?

	Safe or Vault No. 1	Safe or Vault No. 2	Safe or Vault No. 3	Safe or Vault No. 4
Does the safe have an alarm contact on the door?	<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
Is there heat detection?	<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
Is there vibration detection?	<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
Is there a separate ULC certificate for the safe?	<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

6. AT ALL TIMES WHEN THE PREMISES ARE CLOSED FOR BUSINESS, STOCK, INCLUDING OTHER PEOPLE'S GOODS, WILL BE KEPT AS STATED BELOW:

- a) At the premises the proportion by value of such property kept locked in each safe and vault as described and protected in 5 above will be:
 Safe/Vault No. 1: _____% Safe/Vault No. 2: _____% Safe/Vault No. 3: _____% Safe/Vault No. 4: _____%
- b) What is the maximum value of any one item left outside the safe when the business is closed? \$ _____
- c) Describe items left outside the safe when the business is closed? _____
- d) In safes or vaults of banks or safe deposit box companies the proportion by value of total stock, including other people's goods, will be: \$ _____
- e) Name and address of the bank or safety deposit company:
 Name: _____
 Address: _____
- f) For what purpose and in what circumstances are such facilities used?

7. SHOW WINDOW DISPLAY AT APPLICANT'S PREMISES

- A. (1) Number of Show Windows _____ (2) How many are protected against window smashing by SHATTER PROOF (LAMINATED OR PLASTIC) GLASS, METAL BARS OR GRILLE ENTIRELY ACROSS THE WINDOW, SWING PLATE OR SIMILAR PROTECTION? _____

B. Limit of Liability Required

	Premises Open For Business		Premises Not Open For Business	
	Protected	Unprotected	Protected	Unprotected
(1) In all windows	\$ _____	\$ _____	\$ _____	Not Available
(2) In any one window	\$ _____	\$ _____	\$ _____	Not Available

- C. Are all show windows kept locked, with keys removed, when containing stock? Yes No

8. SHOW CASE AND SHOW WINDOW DISPLAYS OF APPLICANT NOT AT PREMISES OCCUPIED BY APPLICANT
 If Applicant desires insurance on property displayed in show cases or show windows elsewhere than at premises occupied by Applicant, furnish full particulars of each display: _____

9. BOOKKEEPING

- a) (i) How often do you take and record an inventory supported by a physical count of all stock including other people's goods?

- (ii) How do you record inventories and physical counts? _____
 (example: computer, stock-books, cards, etc...)
- (iii) If Computerized are hard copies produced and kept? Yes No
- (iv) Is your own stock accounted in your books, records and inventories at your original cost price? Yes No
 If "No," what basis is used? _____
- (v) Do you keep a perpetual inventory of stock? Yes No
- (vi) If no to item (v), how often do you update your inventory records? _____
- b) Do your stock records and inventories record in detail the following:
- (i) The date, description and original cost price of all purchases of stock? Yes No
- (ii) The value, description, date of receipt and return of other people's goods? Yes No
- (iii) The sale date and price of all goods sold? Yes No
- (iv) All other property away from the premises including sendings? Yes No
- c) Do you keep and maintain all entrustment and consignment notes and jeweller's memoranda? Yes No
 Do your records show the names of all suppliers, consignors, memoholders, consignees, owners and purchasers in relation to (b) and (c) above? Yes No

10. INVENTORIES (as identified in Question 9, above) of all property wherever located.

- a) The last physical count inventory of our own stock was taken and recorded on _____ and was exactly \$ _____
 (exact date)
- Pawnbrokers: Show separate amount actually loaned and unpaid plus accrued interest at legal rate on pledged property \$ _____
- b) The previous physical count inventory of our own stock at least twelve months prior to 10 (a) above was taken and recorded on _____ (exact date) and was exactly \$ _____
- Pawnbrokers: Show separate amount actually loaned and unpaid plus accrued interest at legal rate on pledged property \$ _____
- c) The maximum value of stock (including other peoples goods) during last twelve months did not exceed \$ _____
- Pawnbrokers: Show separate amount actually loaned and unpaid plus accrued interest at legal rate on pledged property \$ _____
- d) The estimated average daily value of other people's property in our custody or control during the last twelve months, for any purpose whatsoever, whether insured or uninsured, was:
- (i) Others in the jewellery trade \$ _____
 of which unset non-industrial diamonds was: _____ %
- (ii) For repair \$ _____
- (iii) Other customers \$ _____
- Note: This should NOT include property:**
 1. Pledged with pawnbrokers
 2. Of others in the jewellery trade deposited with the Assured for safekeeping only.
- e) STATE THE NATURE OF STOCK – calculated from the last merchandise inventory set forth in 10 (a) above: (excluding pledges)
- | | |
|---|---------|
| (1) Non-Industrial unset Diamonds | _____ % |
| (2) Pearls (mounted and unmounted) not to include Simulated Pearls | _____ % |
| (3) Other Unset Precious Stones | _____ % |
| (4) Other Unset Semi-Precious and Imitation Stones | _____ % |
| (5) Gold and Gold Chains | _____ % |
| (6) Costume Jewellery | _____ % |
| (7) Jewellery Mounted with Diamonds and Precious Stones | _____ % |
| (8) Other Jewellery | _____ % |
| (9) Watches, watch cases, including those in Precious Metals, those Mounted with Diamonds and Precious Stones and Attachments | _____ % |

- (10) Other Watches, Cases, Movements, Parts _____ %
- (11) Clocks (including cases, movements, parts) _____ %
- (12) Silverware, plated Ware, Pewter and Stainless Steel _____ %
- (13) Jewellers' findings, Unset Mountings, Material for Manufacture _____ %
- (14) Other Stock (describe) _____ %

- f) STATE as per last merchandise inventory as set forth in Section 10 (a) above the percentage of:
- (i) Jewellery under question 10 (e) sections (5), (6), (7) and (8) above valued at \$250.00 or less per item: _____ %
 - (ii) Watches and clocks (including cases, movements and parts) valued at \$250 or less per item: _____ %
- g) What is the maximum value of any one diamond (set or unset) ? \$ _____
 What is the maximum value of any one watch?: \$ _____

11. SHIPMENTS: The Estimated Total Amount of property shipped during the last 12 months is:
 (Within and between Canada, the USA and Puerto Rico)
- a) FIRST CLASS REGISTERED MAIL, FIRST CLASS REGISTERED AIR MAIL OR SECURITY MAIL..... \$ _____
 - b) AIR EXPRESS OR RAILWAY EXPRESS..... \$ _____
 - c) CUSTOMER PARCEL DELIVERY INCLUDING PRIORITY POST..... \$ _____
 - d) ARMOURD CAR SERVICE..... \$ _____

PLEASE NOTE: LIMITS FOR THE ABOVE COVERAGES ARE TO BE SHOWN UNDER B-2(D) – i)

12. OTHER MATERIAL FACTS

Are there any other material facts regarding the risk to be insured or the persons identified in Section C-3, their employees and commission salespersons which should be disclosed to the Underwriters for their consideration? Yes No

Note: A material fact is one likely to influence assessment and acceptance of this risk, the premium charged and the terms and conditions imposed by Underwriters. If you are in any doubt as to what constitutes a material fact you should declare it. ALL the information requested in this proposal form is material

If the answer is yes, give a detailed explanation:

"I/We hereby declare that the answers, declarations, statements and particulars given above and in any Supplementary Proposal Form are true and that I/We warrant that no material fact has been withheld or mis-stated and agree that should a policy be written then the Proposal Form(s) will form the basis of the contract with Underwriters and be attached to and form a part of the policy issued. I/we further understand that the Underwriters may declare any policy written void in the event of any false statement, misrepresentation, omission, or concealment in the Proposal Form(s)."

I may have provided personal information in this document and by other means 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 to my broker's or insurance company's policy regarding personal information, for the purposes of communicating with me, assessing my application for insurance and underwriting my policies, renewals, changes of coverage, 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.

Name of Applicant: _____ Signed By: _____
 Authorized Owner, Officer or Partner (Title) of Applicant

WITNESSED BY:

Name of Agent or Broker: _____ Signed By: _____
 Agent or Broker

Dated: _____ 20 _____

CONSTRUCTION INFORMATION:

Building: _____

When Built: _____ No. of Storeys: _____ Basement Yes No

Wall Construction: _____ Grade Floor Area (sq. ft.): _____

Roof Construction: _____ Heating: _____

Floor Construction: _____ Type of Wiring: _____ Age: _____

Type of Fusing: _____ Type of Plumbing: _____ Age: _____

EXPOSURE TO RISK LESS THAN 50 FEET (N) _____ (E) _____
(S) _____ (W) _____

PUBLIC PROTECTION:

Hydrants: Yes No

Distance to nearest (feet): _____ Distance to Fire Hall: _____ Paid Volunteer

PRIVATE PROTECTION:

Sprinklered: Yes No Area Protected: _____ %

Extinguishers: Number: _____ Type: _____ Date last serviced: _____

- NOTES -

Draw diagram of premise showing location of counters, safes, offices, protective devices, i.e. ultra sonic, etc. (Details of Alarms, etc.)

