



8722 S. Harrison St. Sandy, UT 84070  
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877-678-7342 • Fax 800-478-9880

# JEWELERS BLOCK

## General Information

Proposed Effective Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone Number: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Physical Location of Business (if different): \_\_\_\_\_

Population within 50 miles: \_\_\_\_\_

Other Locations Used:

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please list any other names the business is or has been known by: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Producer No.: \_\_\_\_\_ Producer's Name: \_\_\_\_\_

Producer's E-mail: \_\_\_\_\_

Detailed description of business activities (specifically, and by location): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this a new business?  Yes  No If no, how many years have you been in business? \_\_\_\_\_

Applicant is:  Individual  Corporation  Partnership  Joint Venture

Other (please describe): \_\_\_\_\_

Annual Payroll: \$ \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_ Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Does your company have within its staff of employees, a position whose job description deals with product liability, loss control, safety inspections, engineering, consulting, or other professional consultation advisory services?  Yes  No

If yes, please tell us:

Employee Name: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Business Telephone No.: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ Years with Company: \_\_\_\_\_

Employee's Responsibilities: \_\_\_\_\_

## 1. Insurance History

Who is your current insurance carrier (or your last if no current provider)? \_\_\_\_\_

Provide name(s) for all insurance companies that have provided Applicant insurance for the last three years:

	Coverage:	Coverage:	Coverage:
Company Name			
Expiration Date			
Annual Premium	\$	\$	\$

Has the Applicant or any predecessor or related person or entity ever had a claim?  Yes  No

Attach a five year loss/claims history, including details. (REQUIRED)

Have you had any incident, event, occurrence, loss, or Wrongful Act which might give rise to a Claim covered by this Policy, prior to the inception of this Policy?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has the Applicant, or anyone on the Applicant's behalf, attempted to place this risk in standard markets?  Yes  No

If the standard markets are declining placement, please explain why: \_\_\_\_\_  
 \_\_\_\_\_

**2. Desired Insurance**

**Limits:**

- Stock (including others property in your care, custody and control):  
\$ \_\_\_\_\_
- Money  
\$ \_\_\_\_\_
- Property away from premises:  
\$ \_\_\_\_\_
- Other: \_\_\_\_\_  
\$ \_\_\_\_\_

**Self-Insured Retention (SIR):**  \$1,000 (Minimum)  \$1,500  \$2,500  \$5,000  \$10,000

**3. Business Activities**

1. Number of years business is under current management: \_\_\_\_\_
2. Is Applicant a member of:
  - a. The Jeweler's Security Alliance?  Yes  No
  - b. The Jeweler's Vigilance Committee?  Yes  No
  - c. Any other professional organization?  Yes  No
3. Please indicate whether you:

ACTIVITY	PERCENT OF TOTAL SALES:
<input type="radio"/> Manufacture / Repair	%
<input type="radio"/> Wholesale	%
<input type="radio"/> Retail	%
<input type="radio"/> Pawn broking	%

4. Premises:
- a. Provide a general description of your premises: \_\_\_\_\_  
\_\_\_\_\_
  - b. How many total entrances are there? \_\_\_\_\_
  - c. How many entrances are open to the general public during business hours? \_\_\_\_\_
  - d. Days and hours of operation: \_\_\_\_\_
  - e. Are premises shared with others?  Yes  No
  - f. How many show windows are there? \_\_\_\_\_
  - g. How are windows protected against smashing? \_\_\_\_\_
  - h. Are all show cases equipped with locks?  Yes  No  
If no, explain: \_\_\_\_\_
  - i. Are show cases kept locked during business hours except when contents are temporarily removed for display?  Yes  No
  - j. Building is:  owned  leased
5. What percentage of product is put into the safe or vault upon closing? \_\_\_\_\_ %
6. Is there limited access to high value items?  Yes  No
7. Are display cases made of burglar-resistant glass?  Yes  No
8. Is inventory removed from outside display windows at close?  Yes  No
9. Premises safety:
- a. What processes are in place to identify safety hazards, trip hazards, etc and prevent injuries/claims? \_\_\_\_\_  
\_\_\_\_\_
  - b. Are sidewalks and parking facilities properly lighted and maintained?  Yes  No
  - c. Are there any structural alterations planned for the next 12 months?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
  - d. Are hard floors kept clean and dry?  Yes  No
  - e. Are carpeted areas free of holes, tears, and frays?  Yes  No
  - f. During rain or snow does Applicant use "Slippery When Wet" signs, floor mats, etc.?  Yes  No
  - g. Is proper illumination provided in areas where steps or stairs are found?  Yes  No
  - h. Is auxiliary lighting and power available?  Yes  No
  - i. Are fire exits clearly marked and well illuminated?  Yes  No
10. Is there a burglar alarm system in place?  Yes  No  
If no, explain: \_\_\_\_\_
- a. Name of alarm system company: \_\_\_\_\_
  - b. Does the alarm company have keys to premises?  Yes  No
11. Is a holdup alarm system in place?  Yes  No  
If yes, describe: \_\_\_\_\_

- Are holdup buttons wireless?  Yes  No
12. Are premises protected by a watchman or watchman service?  Yes  No
13. Are there surveillance cameras in place?  Yes  No
- a. If yes, is there a VCR connected to the system?  Yes  No
- b. How often are security tapes tested and replaced? \_\_\_\_\_
14. Are all alarms on same phone line, or are there separate systems for building and product storage?  
\_\_\_\_\_
15. Are motion detectors used?  Yes  No
16. What other type(s) of surveillance and recording equipment is used? \_\_\_\_\_  
\_\_\_\_\_
17. Please describe how easy or difficult it would be to get to phone line(s) to disable alarm by cutting:  
\_\_\_\_\_  
\_\_\_\_\_
18. How often are alarms tested? \_\_\_\_\_
19. Are all keys and combinations secure?  Yes  No
20. Does Applicant retain a detailed stock inventory and keep a permanent, itemized record of sales?  
 Yes  No
21. How often is physical inventory done? \_\_\_\_\_
22. How long are inventory records kept? \_\_\_\_\_
23. Do employees, sales associates, setters, or others have property in their care, custody or control outside of premises?  Yes  No
24. The maximum amount of property in the custody or control of others is: \$ \_\_\_\_\_
25. Please complete the following table for each person who has property in their care, custody or control:

NAME			
MAILING ADDRESS			
DAYTIME PHONE NUMBER			
RELATIONSHIP TO APPLICANT			
PROPERTY DESCRIPTION			
MAXIMUM VALUE AT ANY ONE TIME	\$ _____	\$ _____	\$ _____

26. Are shipments to and from shop insured by the carrier (UPS, USPS, FedEx, etc.)?  Yes  No
27. The total aggregate amount of property shipped at your risk during the last 12 months did not exceed the following amounts:
- a. Registered Mail: \$ \_\_\_\_\_
- b. Armored Car: \$ \_\_\_\_\_
- c. Merchant's Parcel Delivery Service: \$ \_\_\_\_\_
28. Property breakdown as per last inventory:

PROPERTY TYPE	PERCENT
Loose diamonds	%
Pearls, natural and cultured	%
Other loose precious stones	%
Loose semi-precious and imitation stones	%
Jewelry mounted with diamonds or other precious stones	%
Other jewelry (including costume jewelry)	%
Watches and other small time pieces, with and without diamonds or precious stones	%
Clocks	%
Silver, pewter, plated, and stainless steel ware	%
Other: _____	

29. Safes and Vaults:

VAULT / SAFE NO.	MANUFACTURER / MAKE	FIRE AND BURGLAR PROOF RATING	U.L. LABELS	SIZE	WEIGHT	THICKNESS OF WALLS AND DOORS	PROTECTED BY ALARM SYSTEM?
1							<input type="radio"/> Yes <input type="radio"/> No
2							<input type="radio"/> Yes <input type="radio"/> No
3							<input type="radio"/> Yes <input type="radio"/> No
4							<input type="radio"/> Yes <input type="radio"/> No

30. Are work and storage areas clearly marked for "Employees Only"?  Yes  No
31. Are customers prohibited from entering active work areas?  Yes  No
32. Does Applicant use and store flammable and/or hazardous materials?  Yes  No
- a. If yes, what safety precautions are used in the storage and utilization of these materials? \_\_\_\_\_
- \_\_\_\_\_
33. Are records kept of personal injury/property damage?  Yes  No
34. Describe any common products sold and warranties offered: \_\_\_\_\_
- \_\_\_\_\_
35. Repair:
- a. On-site equipment is (check box)  owned or  leased by Applicant.  
Specify by attaching equipment schedule to questionnaire.
- b. Does company have supplemental insurance to specifically cover machinery?  Yes  No
- c. What is the total value of tools owned by the jeweler? \$ \_\_\_\_\_

- d. What type(s) of equipment is used in your business operations? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- e. Does company have safety program for on-site manufacture and repair of items?  Yes  No  
 Please attach copy if applicable.
- f. Are raw materials that are used in repair stored in the safe or vault?  Yes  No
36. Are fire extinguishers available and properly serviced?  Yes  No
37. Is there a sprinkler system?  Yes  No
38. Employees
- a. Is an extensive criminal background check obtained on each employee?  Yes  No  
 1. If yes, what service is used? \_\_\_\_\_
- b. Are potential employees' references checked out before hiring?  Yes  No
- c. What employee training do you provide/require? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- d. Does the Applicant have an employee manual?  Yes  No  
 If yes, please submit attach proof of the formal safety plan (photocopy of title page, table of contents, etc.)
- e. Is employee training/proficiency documented and maintained in employee files?  Yes  No
- f. Are security meetings held with employees?  Yes  No  
 1. If yes, how often? \_\_\_\_\_
- g. Do you lease employees to or from other employers?  Yes  No  
 If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_
39. Who besides the Applicant has check signing authorization? \_\_\_\_\_  
 \_\_\_\_\_
- a. Are checks marked "For Deposit Only" upon receipt?  Yes  No
40. Is a formal safety program in operation?  Yes  No
41. Is there a specific plan in place if an attempted robbery occurs?  Yes  No  
 If yes, please briefly describe (attach additional sheet if necessary): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
42. Is the shop ever opened or closed by only one individual?  Yes  No  
 a. Upon entering, is the door locked until open for business?  Yes  No
43. Are employees instructed to ask for identification from all non-customers (i.e. delivery, salesmen, etc.)  
 Yes  No
44. Is there a restroom on premises?  Yes  No  
 a. If no, is the shop locked and the alarm set while employee leaves to use the restroom?  
 Yes  No
45. Does Applicant keep a log of out of the ordinary instances?  Yes  No

**REPRESENTATIONS AND WARRANTIES**

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Application, the Applicant for insurance hereby represents and warrants that the information provided in the Application, together with all supplemental information and documents provided in conjunction with the Application, is true, correct, inclusive of all relevant and material information necessary for the Insurer to accurately and completely assess the Application, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Insurer can and will rely upon the Application and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Application and all supplemental information and documents provided in conjunction with the Application are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of an Application or the payment of any premium does not obligate the Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Application, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Insurer and its agents to gather any additional information the Insurer deems necessary to process the Application for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Insurer has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Insurer in conjunction with consideration of the Application.

The Applicant further represents that the Applicant understands and agrees the Insurer may: (i) present a quote with a Sub-limit of liability for certain exposures, (ii) quote certain coverages with certain activities, events, services, or waivers excluded from the quote, and (iii) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Insurer's accounting office receives the required premium payment.

The Applicant agrees that the Insurer and any party from whom the Insurer may request information in conjunction with the Application may treat the Applicant's facsimile signature on the Application as an original signature for all purposes.

The Applicant acknowledges that under any insuring contract issued, the following provisions will apply:

1. A single Accident, or the accumulation of more than one Accident during the Policy Period, may cause the per Accident Limit and/or the annual aggregate maximum Limit of Liability to be exhausted, at which time the Insured will have no further benefits under the Policy.
2. The Insured may request the Insurer to reinstate the original Limit of Liability for the remainder of the Policy period for an additional coverage charge, as may be calculated and offered by the Insurer. The Insurer is under no obligation to accept the Insured's request.
3. The Applicant understands and agrees that the Insurer has no obligation to notify the Insured of the possibility that the maximum Limit of Liability may be exhausted by any Accident or combination of Accidents that may occur during the Policy Period. The Insured must determine if additional coverage should be purchased. The Insurer is expressly not obligated to make a determination about additional coverage, nor advise the Insured concerning additional coverage.
4. The Insurer is herein released and relieved from any and all responsibility to notify the Insured of the possible reduction in any applicable Limit of Liability. The Insured herein assumes the sole and individual responsibility to evaluate, consider, and initiate a request for additional coverage or reinstatement of the annual aggregate Limit of Liability which may be exhausted by any single Accident or combination of Accidents during the Policy Period.

Dated: \_\_\_\_\_

Dated: \_\_\_\_\_

Applicant:

Agent/Broker:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name