

CANADIAN JEWELLERS BLOCK PROPOSAL FORM

This proposal and declaration must be **COMPLETED** and **SIGNED** in ink and each page initialed. Quotations cannot be given on incomplete proposals. The answers to Questions 2, 11a (1) (2) (3), 11b, 11c, 15c and 15d must be based on the 12 months period immediately preceding the date of this proposal. If the answer to any question is none state "NONE" or "NIL". 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 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 an insurance be written by Underwriters for this risk it may have more restrictive limits and coverage than requested in this Proposal Form. Any coverage granted shall be restricted to the terms, conditions, exclusions and limitations set out in the insurance. Property will only be covered within and between the U.S.A., Puerto Rico and Canada unless otherwise specifically agreed in writing by Underwriters.

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1. OUR BUSINESS & PREMISES

- a. Our firm or Corporation name is _____
- b. Names of individual Members or officers of our firm are _____
- c. Address of Premises _____
- d. How long have you carried on business here _____ elsewhere _____
- e. The number of entrances open to the public _____ not open to the general public _____
- f. Our usual business hours are _____
- g. Give names and addresses of other locations of the proposer and of other concerns engaged in the jewellery trade under the same ownership or management as the proposer and not included in this proposal

- h. We share our premises with _____

2. NATURE OF OUR BUSINESS

Retail _____ % Wholesale _____ % Contracting _____ % Mfg _____ % by us Pawnbroking _____ %

3. EMPLOYEES

- a. Number of Employees _____
- b. Minimum number on Premises during business hours (including lunchtimes) _____
- c. Minimum number on Premises when opening and closing _____
- d. Do you obtain references on all new employees _____

4. LOSSES

State all losses of proposer and any associated companies (insured or uninsured) during the past 5 years involving property covered by this form of insurance, paid in full or otherwise

DATE OF LOSS	FULL CIRCUMSTANCES OF LOSS	AMOUNT OF LOSS	AMOUNT PAID
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Were any security upgrades implemented to prevent any recurrence of losses (if any) shown above (Use separate attached sheet if necessary)

5. CANCELLATIONS OR DECLINATIONS

Has any insurer canceled or declined to issue or continue any insurance for you Yes No
If yes, give particulars: _____

6. BOOKKEEPING

- a. Do you keep a detailed stock record by nature of stock and value _____ (please describe) _____
- b. How often do you take a physical stock inventory _____

7. JEWELLERS VIGILANCE CANADA

Are you a member of the Jewellers Vigilance Canada Security Program Yes No

8. AMOUNT(S) OF INSURANCE DESIRED

- a. On Stock (including other people's goods) _____ CAD
- b. On Money in Locked Safe at Proposer's premises against Theft by safe being broken open _____ CAD
- c. On Patterns, Moulds, Models and Dies at Proposer's premises _____ CAD
- d. On Furniture, Fixtures, Tools, Machinery and Fittings at Proposer's premises _____ CAD
- e. On Tenant's Interest in Improvements and Betterment's to Building(s) _____ CAD
- f. Total _____ CAD

9. WHAT LIMITS DO YOU DESIRE FOR SECTION 2 OF THE INSURANCE

- (A) (1) On Premises when Open for Business _____ CAD
- (2) On Premises when Closed for Business _____ CAD
- (B) (1) Registered Mail _____ CAD
- Armored Car _____ CAD
- (2) Banks & Safe Deposit Vaults _____ CAD
- (3) Property in the Custody of Dealers including Brokers _____ CAD
- (C) Customer Parcel Delivery Services _____ CAD
- (D) Property elsewhere than on premises and not otherwise limited _____ CAD

10. OPTIONAL COVERAGES

DEDUCTIBLE (Each & every loss): CAD 2,500 CAD 5,000 CAD 10,000 Other

11. **PROPERTY OUTSIDE OF OUR PREMISES AS SET FORTH IN QUESTION 1 c. DURING THE LAST 12 MONTHS**

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

a. In the custody of the Proposer, Employees, Members of the Firm, Officers of the Corporation or Salesmen

N.B. Salesmen include independent commission Salesmen

(1) In cities or towns in which the Proposer's are situated

(within 100 miles radius of the cities or towns in which proposers premises are situated)

NAME	NO. OF DAYS	AVE. AMOUNT CAD	MAX. AMOUNT CAD

(2) Elsewhere in Canada, United States, the District of Columbia and Puerto Rico

NAME	NO. OF DAYS	AVE. AMOUNT CAD	MAX. AMOUNT CAD

(3) Elsewhere

NAME	NO. OF DAYS	AVE. AMOUNT CAD	MAX. AMOUNT CAD

b. Average daily amount in custody of others, except as in 11a (1) (2) (3), 11b and 14b (1), during the last 12 months

TOTAL AVERAGE – CAD _____

c. **SHIPMENTS:** The TOTAL AMOUNT of property shipped AT OUR RISK during the last 12 months did not exceed:

a. Within Canada and/or USA

b. Elsewhere (state)

REGISTERED MAIL	_____ CAD	_____ CAD
ARMoured CAR	_____ CAD	_____ CAD
ALL OTHER (state all methods)	_____ CAD	_____ CAD
	_____ CAD	_____ CAD
	_____ CAD	_____ CAD

SHIPMENT COVERAGE NOT TO BE INCLUDED UNDER THIS INSURANCE _____

DO NOT INCLUDE AMOUNTS INSURED WITH THE CARRIER

12. **PREMISES PROTECTION** (Enclose U.L. Certificates where issued)

a. **BURGLAR ALARM SYSTEMS**

Are **the premises** protected by a fully operating Mercantile Burglar Alarm System

If so state

(i) Whether such system or systems are _____ Central Monitoring Station Alarms or _____ Local Alarms

(ii) The Extent of Protection (1, 2 or 3) _____ Line Security Level _____

(iii) The name of the alarm company(s) _____

(iv) The Underwriters Laboratories Certificate No _____ Expiration date _____

(v) Whether the system incorporates an ambush or distress signal facility or feature _____

(vi) Whether the alarm company monitors and record each arming and disarming of the system _____

b. HOLDUP ALARM AND PROTECTIVE SYSTEMS

- (i) Is there a Central Monitoring Station Holdup Alarm System Protecting the Premises _____
 Number of Signal Buttons _____ Number of Portable Signal Buttons _____
 - (ii) Is the entrance to your premises protected by cage or double door entry/exit system with mantrap _____
 - (iii) Is there a buzzer entry/exit system _____
 - (iv) Is your premises monitored by Closed Circuit TV or Surveillance Camera _____
 - (v) Is the Closed Circuit TV or Surveillance Camera connected to a recording device (please describe) _____
 - (vi) a) Is there a uniformed armed guard if so state normal hours of duty and periods allowed for breaks _____
 b) Is the uniformed armed guard present for opening and closing of premises _____
 - c. (i) Are the inside show cases equipped with key locks _____
 (ii) Are the show cases kept locked during business hours except when the contents therein are actually
 Being removed or replaced _____
 - d. Please describe any other protection information _____
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13. SAFES AND VAULTS

a. Give full particulars of each Safe or Vault

	NAME	MODEL/UL CLASS or RATING
Safe #1		
Safe #2		
Safe #3		
Safe #4		
Safe #5		

b. Give details of all electrical alarm systems protecting above safes or vaults

(1) Name of protection company _____

Extent Complete Partial Neither complete or partial on safe no.

UL Cert. No _____

Expiring _____

(2) Name of protection company _____

Extent Complete Partial Neither complete or partial on safe no.

UL Cert. No _____

Expiring _____

(3) Name of protection company _____

Extent Complete Partial Neither complete or partial on safe no.

UL Cert. No _____

Expiring _____

(4) Name of protection company

Extent Complete Partial Neither complete or partial on safe no.

UL Cert. No _____

Expiring _____

(5) Name of protection company

Extent Complete Partial Neither complete or partial on safe no.

UL Cert. No _____

Expiring _____

14. WARRANTIES AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES WHEN THE PREMISES ARE CLOSED

NOTE: This section refers only to property described in section 3 of the insurance

If more than one premises, give details of each

- a. (1) Minimum proportion by value of property on premises kept in locked safes and vaults will be _____ %
(2) Minimum proportion by value of property on premises kept in other locked safes and vaults will be _____ %
(3) Maximum proportion by value of property on premises (include window display) out of safes and vaults will be _____ %

(TOTAL 100%)

- b. (1) Minimum proportion by value of property kept in safe deposit vault of a bank, Trust or Safe Deposit Co will be _____
(2) Names and addresses of Banks, Trust or Safe Deposit Co.'s _____

15. INVENTORIES of all Property wherever located. If more than one premises give details of each

- a. Last merchandise inventory was taken on _____ and was exactly _____ CAD
b. Previous merchandise inventory at least six months prior to (a) was taken on _____ and was _____ CAD
c. Maximum amount of our stock during last 12 months did not exceed _____ CAD

Pawnbrokers: Amount loaned and unpaid plus accrued interest at legal rate on pledged property _____ CAD

- d. Estimated average daily amount of other people's property in our custody or control during the last 12 months, insured or uninsured was _____ CAD

Note-This should not include property pledged with pawnbrokers nor to property of others in the jewellery trade deposited with the insured for safe custody only

e. Nature of stock as per last merchandise inventory as set forth in Section 15a (excepting pledges)

- (1) Non-Industrial unset Diamonds _____ %
- (2) Pearls (mounted & 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) All other stock (describe) _____ %

Must equal 100%

f. LOW VALUED STOCK as per last merchandise inventory

- (1) The percentage of jewelry (i.e. 15e (5) (6) (7) & (8) valued at CAD 250 or less per item _____ %
- (2) The percentage of watches & clocks (Including cases, movements and parts) valued at CAD 250 or less per item _____ %

16. PROPERTY OTHER THAN STOCK AND OTHER PEOPLE'S GOODS.

The actual cash value (cost to replace with material of like kind & quality, less depreciation) of property on which Insurance has been requested is estimated to be

- a. Furniture, fixtures, tools, machinery & fittings _____ CAD
- b. Tenant's improvements & betterment's to building(s) _____ CAD

SHOW WINDOW DISPLAY AT THE PREMISES

Note: Show windows are only considered protected when: (a) glazed with Underwriters Laboratory Approved Burglary Resisting Glazing material or (b) they have swinging plate glass secondary to the window pane or (c) steel bars or a steel grille cover the entire window or (d) stock is displayed within a show or display case within the show window.

At premises:

Maximum value displayed will not exceed:

	Open to Business		Closed to Business	
	Protected	Unprotected	Protected	Unprotected
1. All windows/cases	_____ CAD	_____ CAD	_____ CAD	_____ CAD
2. One window	_____ CAD	_____ CAD	_____ CAD	_____ CAD
3. One outside show case	_____ CAD	_____ CAD	_____ CAD	_____ CAD

Limit of liability:

	Open to Business		Closed to Business	
	Protected	Unprotected	Protected	Unprotected
1. All windows/cases	_____ CAD	_____ CAD	_____ CAD	_____ CAD
2. One window	_____ CAD	_____ CAD	_____ CAD	_____ CAD
3. One outside show case	_____ CAD	_____ CAD	_____ CAD	_____ CAD

Describe windows/cases, location and full protection details each window/case **not** at premises but to be insured and amount requested: _____

Maximum value displayed will not exceed:

	Open to Business		Closed to Business	
	Protected	Unprotected	Protected	Unprotected
1. All windows/cases	_____ CAD	_____ CAD	_____ CAD	_____ CAD
2. One window	_____ CAD	_____ CAD	_____ CAD	_____ CAD
3. One outside show case	_____ CAD	_____ CAD	_____ CAD	_____ CAD

Limit of liability:

	Open to Business		Closed to Business	
	Protected	Unprotected	Protected	Unprotected
1. All windows/cases	_____ CAD	_____ CAD	_____ CAD	_____ CAD
2. One window	_____ CAD	_____ CAD	_____ CAD	_____ CAD
3. One outside show case	_____ CAD	_____ CAD	_____ CAD	_____ CAD

Protection Information:

ADDITIONAL COVERAGE'S

1. EXHIBITIONS PROMOTED OR FINANCIALLY ASSISTED BY A PUBLIC AUTHORITY OR TRADE ASSOCIATION:

DETAILS	AMOUNT TO BE INSURED

2. UNATTENDED VEHICLES

NAME OF SALESMAN	DETAILS OF AUTOMOBILE	AMOUNT TO BE INSURED

3. EARTHQUAKE AND FLOOD

Do you wish to insurance property against

(i) Flood? (Full particulars of flood exposure to be given)

Yes No

(ii) Earthquake? (Available only when Fire and Extended Coverage are included)

Yes No

4. ANY OTHER SPECIAL COVERAGE'S

I/We declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or mis-stated and agree that should an insurance be issued this Proposal Form will be attached to and form part of the insurance and will form the basis of the contract with Underwriters. I/We agree that the answers and declarations shall constitute material warranties of any insurance issued. I/We further understand that the Underwriters may declare any insurance issued void in the event of any false statement, misrepresentation, omission or concealment in this Proposal Form whether made intentionally, innocently or accidentally.

Note: This Proposal Form must be answered and the declaration signed and dated in ink by one of the persons named in 1(b).

Applicants Signature _____ Print _____ Position _____

Date _____