

Jewelers Block Application (Proposal) Form Surya Insurance Services LLC

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New York NY 10020
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Name & Locations

Company Name _____

Offices or Owner Name _____

Address _____

City State & Zip _____

Contact Person _____

Phone (____) ____ - _____ Fax (____) ____ - _____

E-mail _____

Business Type Corporations Partnership Individual LLC

Is this premises is shared? Yes No
if Yes, Whom do you share with? _____

Total number of years in business _____

How long have you carried your business at this locations _____

Nature of business based on sales % Wholesale % Retail % Manufacturing %

Jewelry Contracting or Jewelry Repair %

Loose Stone Dealer % Pawnbroking %

Number of Employees _____

- a. How many minimum employees, officers or owner are on premises during normal business hours, and/or at the time of daily opening and closing of business? _____

Require Policy Period

Starting From _____ Ending on _____

Past Experiences

Have you ever suffered any losses in last 5 years, insured or uninsured involving property covered by this policy :

Yes ___ No ___

If Yes.

Date of loss	Amount of Loss	Prior Insurance Carrier	Premium	Nature of Loss

In case of losses, what have you done to prevent a similar losses in future ?

Date	Locations	Preventative measure

In past ever Cancel, Refuse or Non Renewal occur with any insurers? _____

If yes, please do specify reason _____

Premises Security Information

- 1. Are there video cameras on premises? Yes ___ No ___
- 2. Recorder? Yes ___ No ___
- 3. If yes, are they digital recorder? Yes ___ No ___
- 4. Is CCTV interfaced with internet ? Yes ___ No ___
- 5. Additional Security
Armed Guard ___ Buzzer Entry ___
Man-Trap ___ Un-Armed Guard ___ Anti Ambush Device ___
- 6. is your premises located inside an enclosed mall ? Yes ___ No ___

Protections & Protections Controls

Premises Alarm System

Do you have a security alarm system on your premises ? Yes ___ No ___

Name of Alarm Company _____ Contact # _____

Is this Alarm System UL Certified? Yes ___ No ___

If no, please obtain alarm form from your alarm company
Do you have a recent copy of your UL certificate? Yes ___ No ___

UL Certificated # _____ Expirations Date _____

Type of Alarm System Central Station ___ Mercantile ___ Local Device only ___

Does all Doors and Windows has have alarm contacts? Yes ___ No ___

Are there Motion Sensors Connected to your alarm system? Yes ___ No ___

Is Line Security in Place? Yes ___ No ___

Do you have hold-up emergency switch? Yes ___ No ___

Type of Line Security DSL Internet ___ Two Way Radio ___ Derived Channel ___
 SM-Gprs ___ Cellular Backup ___ One Way Radio ___

Safes & Vaults :

Do you have safe or walk in vault? Safe ___ Walk in Vault ___

If Safe

How many safes do you have on premises ? _____

Safe 1 Manufacturer _____ UL Rating/Type _____

Type of Protection Proximity Sensor ___ Vibration Sensor ___ Shock Sensor ___
 Door Contact ___ Motion Sensor ___

Safe 2 Manufacturer _____ UL Rating/Type _____

Type of Protection Proximity Sensor ___ Vibration Sensor ___ Shock Sensor ___
 Door Contact ___ Motion Sensor ___

Safe 3 Manufacturer _____ UL Rating/Type _____

Type of Protection Proximity Sensor __ Vibration Sensor __ Shock Sensor __
 Door Contact __ Motion Sensor __

Safe 4 Manufacturer _____ UL Rating/Type _____

Type of Protection Proximity Sensor __ Vibration Sensor __ Shock Sensor __
 Door Contact __ Motion Sensor __

Safe 5 Manufacturer _____ UL Rating/Type _____

Type of Protection Proximity Sensor __ Vibration Sensor __ Shock Sensor __
 Door Contact __ Motion Sensor __

If any

UL Certificate # _____ Expiration Date _____

If Walk-in Vaults

What is UL Rating on Vault? Class M __ Class I __ Class II __ Class III __ No Rating __

Construction of Vault Modular __ Poured Concrete __ Masonry Block __

If poured concrete, are rebar reinforcement or ball bearings utilized ? Yes __ No __

Is the vault wired to the alarm ? Yes __ No __

Type of Protection Proximity Sensor __ Vibration Sensor __ Shock Sensor __
 Door Contact __ Motion Sensor __

If any

UL Certificate # _____ Expiration Date _____

Exposure

Inventory of all property wherever located:

Last Inventory

Date _____ Inventory Amount _____

6 Month Prior Inventory

Date _____

Inventory Amount _____

Estimated Maximum Amount of Inventory carried on insured premises in last 12 months
(includes on memo good to you)

Amount _____

Estimated average daily amount of inventory of others (on memo) in your hand

Amount _____

What Proportion of your inventory do you store in safe after closing business? _____

What proportion of your inventory is stored in safe during business hours? _____

Proportion by safes/vaults on premises put away while closed:

	Safe/Vault 1	Safe/Vault 2	Safe/Vault 3	Safe/Vault 4	Safe/Vault 5
Off Peak					
Peak					

Proportion value of property kept in Safe Deposit Vaults off Premises _____

Name and Address of Safe Deposit Vaults _____

Do you keep Inventory Records? Yes ___ No ___

Do you keep itemized Inventory List? Yes ___ No ___

How often do you take your Inventory? _____

Is your Inventory Listed and Computerized? Yes ___ No ___

What estimated percentage of your stock is loose stones? _____

Are you Purchases over the counter from public and valued at estimated replacement cost to you?
Yes ___ No ___

Is any of the property left out of safe when closed for business and kept somewhere other than in locked
showcases ? Yes ___ No ___

If yes, please explain reason: _____

How much total average estimated given out on memo on daily basis? _____

**Travel Exposure
Messenger**

Within city limits where premises located

Name	Average Amount Carry	Max Amount Carry

Sales Persons Carry on Goods

all over United states

Name	No Days on road	Avg Amt Carry	Max Amt Carry

Would you like to purchase coverage for losses from unattended auto? Yes ___ No ___

(Unattended Auto is cover only with UL Approved "Babaco Jeweler's Special" Auto Security Systems)

If yes, please provide traveling sales person's details as follows inside the USA

Name	# of Days	Avg Amt	Max Amt	Covered Car Vin#

Would you like Trade Shows & Exhibition Coverage ? Yes ___ No ___

Event	Event Starting Date	Event Ending Date	Amount

(Trade show coverage does not cover goods in transit to & from premises to event center)

(Property displayed in show windows & show cases is opening in to interior of the premises is considered "Protected")

Amount of Insurance, Limits & Deductible Required

	Limit	Deductible
Premises Goods including on memo from other's	_____	_____
If any Seasonal increase	_____	_____
	From _____ To _____	
	From _____ To _____	
	From _____ To _____	
On Patterns, Molds, Models & Dies	_____	_____
Amount of Insurance off premises	_____	_____
Messenger	_____	_____
Traveling Sales Persons	_____	_____

Valuation

Replacement Cost _____

Cost of Materials plus labor for Manufactured Merchandise _____

Stated Value for Customers Merchandise in for repair or on consignment. _____
(If no stated value, valuation will be on basis of wholesale replacement cost)

Memo or Consignment goods at memo or consignment prices _____

Any other specific _____

Additional Coverage not stated above needed?

Loss Payees information

Signature _____

Date _____

Name / Designations _____