

IJU Agency Ltd.

Jewelers Block Form

(Please fill out to the best of your ability.)

Part I: General Information

Name: _____

Entity Type (LLC, Sole Proprietorship, Partnership, Corporation...): _____

Address: _____

Mailing Address (If Different): _____

Telephone #: _____ Email: _____ Fax: _____

Website _____ FEIN #: _____

Type of business: _____ # of Employees: _____

Years In business: _____ Any hazardous/dangerous duties performed by employees: _____

Current Insurance Company: _____ Effective Date: _____

Premium: _____ Have you ever been Non-Renewed. If Yes, please explain: _____

Business Owner(s): _____

Annual Employee Payroll: _____ Gross Annual Sales: _____ Jewelers Block Deductible: _____

Part II: Business Information

Business Owner(s) & Title:

Annual Sales: _____ Annual Employee Payroll: _____

Type of Business Based on Sales: _____ # of Show Windows: _____

Building Construction Type (Frame, Brick, Masonry, Aluminum Siding, Other): _____

Roof Type (Concrete, Steel, Fiberglass, Wood, Aluminum, Copper...): _____

Square Footage: _____ Jewelers Block Deductible: _____

Stock (Including Customers & Memorandum/Consignment & Samples): _____

Part III: Book Keeping

Do you keep a detailed & itemized inventory or your stock: _____ Keep records of purchases: _____
Do you keep a record of your sales: _____ How often do you take inventory of your stock: _____
Do you maintain detailed records of the property of others in your care, custody, or control: _____

Part IV: Show Windows & Showcases On Display

Of Show Windows: _____ Are the windows protected: _____
of Inside Show Cases: _____ # of Outside Show Cases: _____
Are the showcases equipped with locks: _____ Are the showcases locked: _____

Part V: Travel & Messenger

What is the average value of property outside of the Insured's premises during the last 12 months in the care, custody, or control of the Proposer, Messengers, Employees, Members of the firm, and Officers of the firm per day: \$ _____
The maximum amount of property in the care, custody, and control of others, except as provided above, during any one period during the last 12 months: \$ _____

Part VI: Shipments

The total amount of insured property to be shipped during the policy period (estimated):
Registered Mail: \$ _____ Armored Car: \$ _____ Merchants: \$ _____
Merchants Parcel Delivery Services: \$ _____ All Other Shipments covered by coverage form: \$ _____

Part VII: Safe Information

Please provide the manufacturer and a description of each safe or vault:

Are the Safes on wheels: _____ Type of Safe (TRTL 30/60, TL 15/30, TRTL 15/30x6): _____
Other information that you feel may help us better understand your needs:

Notice

This information is not an offer to sell insurance. Insurance coverage cannot be bound or changed via submission of this online form / application, e-mail, voice mail or facsimile. No binder, insurance policy, change, addition, and/or deletion to insurance coverage goes into effect unless and until confirmed directly with a licensed broker. Note any proposal of insurance we may present to you will be based upon the values developed and exposure to loss disclosed to us on this online form/application and/or in communications with us. All coverages are subject to the terms, conditions and exclusions of the actual policy issued. Not all policies or coverages are available in every state. You also agree to release us from any liability if this information is accidentally viewed by unauthorized persons. We will only use this information for insurance quoting purposes and not distribute to other parties.

Submitted By (Print): _____

Signature: _____

Date: _____