

JEWELERS BLOCK APPLICATION/PROPOSAL FORM

Richter Robb Pacific Ins. Services

3990 West Yosemite Avenue Lathrop, CA 95330 209-249-5100 Fax: 877-858-1955 CA # 0708939 NV # 632045

PART A. GENERAL UNDERWRITING INFORMATION

1. Names and Locations			
a. Our firm or Corporation'	's name is:		A Alberto (V, tiple to Mark (M. 1944) and the leaguest associated from a summary and the summer and the leaguest and the leag
b. Officers or Owners:			
c. Our premises are located	at: Address		
	City	County	State Zip-Code
d. FEIN Number:			
e. Contact:	Name		
	Phone	Fax	
	E-Mail	*	And the state of t
f. We share our premises w	rith:		
g. Our usual business hours	s are:	AVAhanakii Astonistaan astana astonis at 1555 asto 1155 astonis on	carbo de cadomonarbo a carbodol II a Bo a 1945 de 48 de 11 a 12 a 1940 de decarbo a 1980 de 11 a 1860 de 1980 d
h. We have carried on busin	ness at this address since:	2 / AAAAA WAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	THE STATE OF THE S
total # of years in busine	ess:		NAM.
	other locations or other conce nanagement and not included	rns engaged in Jewelry Trade un in this proposal:	der
j. We are members of:	□JA □JSA □	AGS AGTA IJO	Other
2. Nature of Business during	the Last 12 months:		
Our Operations	Wholesale	% Retail %	Loose Stone Deale %
Primarily Consist of:	Repair Trade	% MFG/Contractors	and the design of the control of the
3. Policy Period:			
From:		То:	
4. Employees:			
a. The total number of our	employees who are employed	at this Location:	and a final and a state of a stat
b.The least number of auth opening or closing for b	orized persons on our premis usiness is:	es during business hours or	

5. Past Experience:	Have you suffered any losses, insured or u years involving property covered by this p		Yes No	
Date	Nature of Loss		Amount Paid	
			in your was a support of the control	
			MATERIALEZ (I)(III) (A) AND	
	- Maries and Arman and Arman and Control of the Maries of Control of the Arman and Arm		Applying the analysis of the applying the ap	
If there has been losses	s, what have they done to prevent a future loss?		And and challed the challed th	
<u>Date</u>	Location & Preventative Action Taken		And all and a second a second and a second a	
6. Cancellations or F for you? Yes	Refusals: Has any insurer ever canceled or Sefusals: Has any insurer	refused to issue or continu	MA AND AND THE CONTRACT AND	
7. Premises And Ger	neral Information			
1. Type of Busin	ess: Corporation	Partnership	Individual LLC	
2. Construction T	Type: Frame	Joisted Masonry	Masonry Non-Combustible	
	Non-Combustible	Fire Resistive	Other	***************************************
3. Year Built:	Sq. Fee	et:		
4. Number of Sto	ories:			
5. Is your premis	es located in a Coastal Area?	Yes No I	If "yes", miles from Coast?	
or Harris	lication Purposes Only "Coastal" in Questi County TX or any location within 20 miles o E, DC, GA, LA, MA, MD, MS, NC, NJ, NY, RI,	f the coast in any of the fo	location in Florida following States:	
6. Are there vide	o cameras?	Yes No		
Recorder?		Yes No		
Monitor(s)?		Yes No		
If yes, Are the	y Digital?	Yes No		
Is CCTV inter	faced with the internet?	Yes No		
7. Are there:	Armed Guard	Buzzer Entry	Man-Trap	
	Un-Armed Guard	Anti Ambush Devi	ce	
8. Is your premis	es located inside an enclosed mall?	Yes No		
PART B. PROTECT				
1. Premises Alarm S	ystem			
Do you have a bur	rglar alarm system installed in your store?	Yes No		
Name of Alarm C	ompany:	Phone #:	Contact:	
Is the Alarm Syste		Yes No		
•	e alarm company fill out alarm form ent copy of your UL Certificate?	Yes No	If so, must provide copy	
UL Certificate Nu		Expiration Date:		

PART B. PROTECTION CONT.

a.) Type of system:	Central Station	Mercantile	Local Device Only	
b.) Do all doors have Alarm con	tacts:	Yes	No	
Are Motion Sensors connected	ed to your Alarm:	Yes	No	
c) Is Line Security in Place:	•	Yes	No	
d) Type of Line Security:	DSL Internet	Two Way Radio	Derived Channel	GSM-GPRS
Other Line Supervision:	Cellular Backup *	One Way Radio *	*Not Considered Line Sec	curity By U.L.
e) Do you have hold-up buttons:	Yes	No	If So, how many:	₁₋₁ ,
2. Safes and Vaults:				
a) Do you have a safe or wall	k in vault?	Safe	Walk in Vault	
If Safe:				
a) How many safes do you ha	ave? (If you have	e more than one safe pleas	e submit on separate page)	
	SAFE 1		SAFE 2	
Manufacturer				
UL Rating/Type	The state of the second	and and the second seco	mpromised the man and the second of the seco	A STATE OF THE STA
b) Type of Protection:	Complete	Partial	Complete	Partial
A motion detector over to	he safe(s) is not considered parti	ally or completely protecte	<u>24.</u>	
	SAFE 3		SAFE 4	
Manufacturer			mannes transmisses to contract of the first of the forest contract of the first of	
UL Rating/Type	A production of the Control of Control of the Control of Control o		AN ANY AND ANY AND AND AND AND AND AND ANY AND ANY AND ANY AND	the first of the Profession with the secure control of the secure of the
b) Type of Protection:	Complete	Partial	Complete	Partial
<u>A motion detector over t</u>	he safe(s) is not considered parti	ally or completely protects	<u>24.</u>	
c) Method of Protection:	Proximity Sensor	Vibration Sensor	Shock Sensor	Door Contact
	Motion Sensor			
d) UL Certificate #	WAY TO MANUSCHIA TO A LEED STATE OF THE STAT	Expiratio	n Date:	MA-4414*
If Walk-In Vault:				
a) What is the UL rating on the v	vault?	Class M	Class I	Class II
		Class III	No Rating	
b) Construction of Vault:		Modular	Poured Concrete	Masonry Block
If Poured Concrete, are Reba	r Reinforcement or Ball Bearings	utilized?	Yes	No
d) Is the vault wired to the alarm	?	Yes	No	
Type of Protection:		Complete	Partial	
e) Method of Protection:		Proximity Sensor	Vibration Sensor	Shock Sensor
		Door Contact	Motion Sensor	
f) UL Certificate # If different from premises	to the shift of \$1000000000000000000000000000000000000	Expiration	on Date:	

PART C. EXPOSURE

1. Inventory of all property wherever located:

a. Last merchand	ise inventory	at least (6 months prior	prior Estimated Maximum Inventory During Months Including Goods In Your Po Memo. This Can Be More Or Less On		ods In Your Pos	ossession On	
Date	Value	Date	Value	Memo, T	This Can Be M	fore Or Less On C	Occasions	
12 months was	as: by value of jewelr	nt of other people's (Included in the people's of the people is a limit for jet in the people in th	in the Maximum L vay in a safe/vault	imit Shown while close	Above) d: (Excluding			
Total Limit in Safe/Vault 1	Total Limit in Safe/Vault 2	Total Limit in Safe/Vault 3	Coverage Whi Out of Safe(s) Non-Pe	le Closed & Vaults	Coverage Out of Saf	While Closed e(s) & Vaults eak	Total Po	
		roperty kept in Safe	-				rago, magyanifulli	
e. (1) We keep s	stock records:					Yes	No	
(2) Do you k	eep an itemized inv	entory?				Yes]No	
f. (1) How ofter	n is inventory taken	?	(2) Is invent	ory compute	erized?	Yes]No	
g. What estimate	ed Percentage of yo	ur stock is loose Di	amonds?					
		c valued at the estim		cost in your	inventory?	☐Yes ☐]No	
-	welry left out of saf	e when closed for b				Yes		
If yes, Please	explain:	n aanala ka ka 22 ay a ka ka 24 ki 2			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nonement an armanu a museum and a martin and a substitution of the		
Annual estimate	of property shippe	ed excluding shipm nelude shipments to	ents at our own i	isk and/or	under the			
poncy deductible	amount. (1100 to 1		Estimated Annua					
Federal Expre	ess	when white of the land	h gibban dinan Varbandilan barbahan bilan dalam ada manda a sabari di	and a series of the adjustment and advantables.				
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U.S.P.S. Regi	istered Mail	. compared to	, .,					
U.S.P.S. Expe	ress Mail	***************************************			e was and the control of the control			
Armored Car			,,	A				
What is the total	average estimated	daily amount give	n out on Memo?					

4. Travel Exposure.

A. Proposers Employees, Members of the Firm, Officers of the Corporation or Salesmen or Commission Salesmen Who Had Custody or Control of Covered Property Outside Our Premises During Last 12 Months Includes PDH Coverage.

Name(s)	Days	Average Amount	Maximum Amount
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Name(s)	No . Days	Average Amount	Maximum Amount
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Name(s)	No . Days	Average Amount	Maximum Amount
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4. Unattended Auto Coverage:

This policy excludes loss or damage to property while in or upon any automobile or vehicle unless, at the time the loss or damage occurs, there is actually in or upon such vehicle, the assured, the assureds' employee or a person whose sole duty is to attend the vehicle. Unattended auto coverage can be purchased for an additional premium. In order to qualify for unattended auto coverage, all vehicles in which coverage is to apply must be equipped with a "Babaco Jeweler's Special" alarm system approved by underwriters.

es", please indicate				
Name(s)	No. Days	Average Amount	ich premises are situated Maximum Amount	VIN # of Auto to be Covered
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PART D. AMOUNTS OF INSURANCE AND LIMITS REQUIRED **DEDUCTIBLE** LIMIT 1. Jewelers Block Related Coverage: Stock including other peoples goods..... Giftware (All Risk Breakage)..... Seasonal Increase? From: To: То: Also: To: From: On Money against all risks..... On Patterns, Molds, Models and Dies..... On Furniture, Fixtures, Tools, Machinery, Fittings(Including Safe(s)/Vault(s)) On Tenant's Interest in Improvements & Betterments..... **Amounts of Insurance Desired Off Premises:** Registered Mail..... Armored Car..... Safe Deposits Vaults..... Entrustments in Custody of Dealer USPS Express Mail Only..... Merchants Parcel Delivery Service (Fed Ex, UPS, or USPS)..... Unspecified Private Paid Delivery Service (Local Courier)..... In Custody of Principals, Officers, Employees or Commissioned Salespeople off any described Premises..... Property while being worn on or off premises..... Property away from your premises and not included above..... 3. Special Provisions: Yes No Condition "M" Amended: If "No", what is the on Premises Mysterious Disappearance Limit to apply: Replacement Cost Cost of Materials plus labor for manufactured merchandise. Stated Value for customer's merchandise in for repair or consignment. If there is no stated value, valuation is based on wholesale replacement cost. Memo or consignment goods at memo or consignment price.* (* For Policies placed through Endurance American Specialty Insurance Company and its Affiliaates only, Memo is at Memo Price Not To Exceed Wholesale Replacement Cost) Other Other Coverage conditions or additions not listed above: PART E. LOSS PAYEES Signing this proposal and declaration does not bind the proposer to complete the insurance but it is understood that any intentional misrepresentation of any information is considered insurance fraud and is punishable by the laws governed

Signature of Proposer:

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Date:

in your particular state.



BUSINESS OWNER POLICY APPLICATION/PROPOSAL FORM

PART A. GENERAL UNDERWRITING INFORMATION 1. Names and Locations a. Our firm or Corporation's name is: b. Our premises are located at: Address City Zip-Code c. FEIN Numeber d. Contact: Name Phone Fax E-Mail 2. Premises And General Information & Other Protection □ LLC Individual Corporation Partnership 1. Type of Business: Masonry Non-Combustible Joisted Masonry 2. Construction Type: Frame Fire Resistive Other: Non-Combustible 3. Number of Stories If building is over 40 years old please provide the updated information below: 4 Vear Built: Plumbing: Heating: Roof: Wiring: Left Side: Rìght Side 5. Adjacent Occupancies (Facing Out): 6. What is the total square feet of the premises that you occupy? Yes 7. Is your premises located in a Coastal Area? If "yes", how many mile from the coast is your premises located? *For Application Purposes Only, "Coastal" in Question 7 above refers to any location in Florida or Harris County TX or any location within 20 miles of the coast in any of the following States: AL, CT, DE, DC, GA, LA, MA, MD, MS, NC, NJ, NY, RI, SC, TX & VA . Fire Alarm Sprinkler System 8. Does Your Premises Have: No 9. Is your premises located inside an enclosed mall? 10. Total number of employees employed at this Location: 11 Gross Sales: Have you suffered any losses in the last 5 years, insured or uninsured, 3. Past Experience: Yes No in respect of any coverage to which this insurance will apply? Amount Paid Nature of Loss Date If there has been losses, what have they done to prevent a future loss? Date Location & Preventative Action Taken 4. Cancellations or Refusals: Has any insurer ever canceled or refused to issue or continue any insurance Yes No If Yes, give reason?

PART B. AMOUNTS OF INSURANCE AND LIMITS REQUIRED

4. Other Available Property Coverage	,		<u>LIMIT</u>	DEDUCTIBLE
Building at Replacement Cost: 80% Co-Insurance applies to Building Coverage.				regregation are consistent and consistent and consistent are consistent and consistent and consistent are consistent and consistent are consistent and consistent and consistent are consistent are consistent and consistent are consistent are consistent and consistent are consi
Loss of Business Income Per Loss Aggregate: Actual Loss Sustained Up to 12 Consecutive & Subject to a maximum of the per-loss Aggrega	10nths	Max Total Per Loss Limit:		
Computer & Media:				
Outdoor Signs:				
Exterior Grade Floor Glass:				ARAMARAWA MARAMATAN AND AND AND AND AND AND AND AND AND A
Ordinance or Law, Demolition & Increased co	est of consu	uction;		
Employee Theft (Including Employee Theft of	"Jeweiry) :			
5. Liability Limits Of Insurance				
Commercial General Liability:	П	\$1,000,000 Per Occurre	nce / \$2,000,000 Aggreg	gate Nil
Include Stop Gap Liability *: * Stop Gap Liability Coverage only a North Dakota, Ohio, Washington, Wyomir.				
3. Hired and Non Owned Auto:		\$1,000,000 Per Occurre	ence / \$1,000,000 Aggreg	gate Nil
4. Excess Liability**:		\$1,000,000 Per Occurre	nce / \$2,000,000 Aggreg	gate
		Other:		Nil
a. Do you want the excess liability to	include \$1,			
Limits in respects of Hired & Non-	Owned Aut	o?	Yes	∐No
5. Employee Benefit Liability:	Ш	\$1,000,000 Per Occurre	ence/\$1,000,000 Aggrega	ateNil
6. Gemstone Enhancement Liability:		\$10,000	\$50,000	\$100,000
7. Professional Appraisal Liability:		\$50,000	\$100,000	\$300,000
Breakage of Customer's goods due to workmanship:		\$10,000	\$25,000	\$50,000
		\$100,000		
9. Employment Practice Liability:***		\$100,000	\$300,000	\$500,000
		\$1,000,000	_	
Have you maintained continuous coverage	in respect o	of EPLI?	∐ Yes	∐No
If "Yes", please state the previous carrier:			Retro Date:	
10. Cyber Liability:***		\$100,000	\$300,000	\$500,000
	Ш	\$1,000,000 of Cuber Liability?	Yes	™No
Have you maintained continuous coverage If "Yes", please state the previous carrier:	in respect c	of Cyber Liability?	Retro Date:	L
** Excess Liability Does not exter or Cyber Liability. *** Both E.P.L.I. and Cyber Liab				oyment Practices Liabilit
ART C. ADDITIONAL INSURED				
Name		Address	Int	erest Description
	د المراجعة في المراجعة			
Signing this proposal and declar the insurance but it is understood information is considered insur- governed in your particular state	d that ar rance fi	ny intentional mis	srepresentation o	of any
- -				
ate:	Sign	nature of Proposer:		



EMPLOYMENT PRACTICES LIABILITY APPLICATION

This is an application form for a claims first made and reported policy.

last	ructions:			
	Answer all questions (if a information/explanation Application must be date PLEASE READ STATE	s as required ed and have an authori	zed signature.	
A.	Name and address of App	licant:		
	Address			
	City		State	Zip Code
	Sole Proprietor	Corporation	Partnership	Joint Venture
	Franchise	Other (Please sp	есну):	
В.	Number of full time employed Number of other employed Includes Part Time, Seaso	es wherever located:		
C.	Do the Applicant's public		_	ance with A.D.A. Law?
D.	Do you use a Payroll Serv	ice?		Yes No
E.	Are any salaried employed	es not eligible for over	time?	Yes No
F.	Have you maintained cont	inuous E.P.L.I. covera	age through another carrier	? Yes No
	If yes, who was the previo	us carrier?	wildings to you suit in the first order of the analysis and and a transfer of the first of the f	
	What was the retroactive	date?	and the state of t	
Н.	Are there any past employ and/or harassment from a			eging discrimination Yes No
	If yes, please provide full	details:		erandera (Walesa) (Verdaga Antena (Antena (Verdaga Antena (Ver
	with which demonstrates from the first control for a second second section of the first control for the first	nga a ana ilina 100 km dalah alam mayar majar angar angar angar angar angar angar angar angar angar an mana in		The state of the s

I.				rise to a claim or any n who is a non-emple		ts alleging d	iscrimination No
	brough	against you if a cu		consider it reasonable loyee or an applicant ip			
	i)	Making a form unfair employs		ervisory employee of dis	scriminiatio	n, harassment	or
	ii)	Threatening to	hire an atterney;				
	iii)	Asking for a se	verance package in ex	cess of what is being o	ffered;		
	iv)	Complaining of something abo		ssment or unfair treatm	ent and thre	atening to do	
	v)	Frequent comp	laining of discriminat	ion, harassment or unfa	ir treatment	•	
	person or local	proposed for this in wage and hour law	any hearings or den surance during the less or regulations in solease give full det		inst the Ap	pplicant or an ions of any Yes	ny entity or federal, state, No
K.	Amoun	t of Employment Pr	actices Liability Co	verage Required:			
	i)	\$100,000	\$300,000	\$500,000		\$1,000,000	
The A on thi it will to offe	nd inclu pplican s applica immedi er nor th	de all material info t on behalf of the F ation changes betw ately notify us of si te Applicant to acco	ormation. Proposed Insureds fi een the date of this uch change. Signin pt insuance, but it	inquiry that the state urther warrants that application and the is of this application is agreed that this ap urt of the Policy show	if the info inception of does not l	rmation sup date of the l bind Underv shall be the	oplied Policy, vriters
	Dated		-	ed Signature of a Pier or Officer	rincipal,	one are seen as a see a seen as a seen a	Title