



**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**

**I. Names and Locations**

a. Our firm or Corporation's name is: .....

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* .....

f. We share our premises with: .....

g. Our usual business hours are: .....

h. We have carried on business at this address since: .....  
total # of years in business: .....

i. Names and addresses of other locations or other concerns engaged in Jewelry Trade under the same ownership or management and not included in this proposal: .....

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 \_\_\_\_\_ %

**3. Policy Period:**

From: ..... To: .....

**4. Employees:**

a. The total number of our employees who are employed at this Location: .....

b. The least number of authorized persons on our premises during business hours or opening or closing for business is: .....

**5. Past Experience:** Have you suffered any losses, insured or uninsured, in the last 5 years involving property covered by this policy?  Yes  No

<u>Date</u>	<u>Nature of Loss</u>	<u>Amount Paid</u>

**If there has been losses, what have they done to prevent a future loss?**

<u>Date</u>	<u>Location &amp; Preventative Action Taken</u>

**6. Cancellations or Refusals: Has any insurer ever canceled or refused to issue or continue any insurance for you?**  Yes  No If Yes, give reason? \_\_\_\_\_

**7. Premises And General Information**

- Type of Business:  Corporation  Partnership  Individual  LLC
- Construction Type:  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Fire Resistive  Other \_\_\_\_\_
- Year Built: \_\_\_\_\_ Sq. Feet: \_\_\_\_\_
- Number of Stories: \_\_\_\_\_
- Is your premises located in a Coastal Area?  Yes  No If "yes", miles from Coast? \_\_\_\_\_

**\* For Application Purposes Only "Coastal" in Question 5 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 .**

- Are there video cameras?  Yes  No  
Recorder?  Yes  No  
Monitor(s)?  Yes  No  
If yes, Are they Digital?  Yes  No  
Is CCTV interfaced with the internet?  Yes  No
- Are there:  Armed Guard  Buzzer Entry  Man-Trap  
 Un-Armed Guard  Anti Ambush Device
- Is your premises located inside an enclosed mall?  Yes  No

**PART B. PROTECTION**

**1. Premises Alarm System**

- Do you have a burglar alarm system installed in your store?  Yes  No
- Name of Alarm Company: \_\_\_\_\_ Phone #: \_\_\_\_\_ Contact: \_\_\_\_\_
- Is the Alarm System UL Certified?  Yes  No
- If Not, Please have alarm company fill out alarm form*
- Do you have a recent copy of your UL Certificate?  Yes  No *If so, must provide copy*
- UL Certificate Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**PART B. PROTECTION CONT.**

- a.) Type of system:       Central Station       Mercantile       Local Device Only
- b.) Do all doors have Alarm contacts:       Yes       No
- Are Motion Sensors connected 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 Security By U.L.*
- e) Do you have hold-up buttons:       Yes       No      If So, how many: \_\_\_\_\_

**2. Safes and Vaults:**

- a) Do you have a safe or walk in vault?       Safe       Walk in Vault

**If Safe:**

- a) How many safes do you have? \_\_\_\_\_ (If you have more than one safe please submit on separate page)

**SAFE 1**

**SAFE 2**

Manufacturer \_\_\_\_\_

UL Rating/Type \_\_\_\_\_

- b) Type of Protection:       Complete       Partial       Complete       Partial

**A motion detector over the safe(s) is not considered partially or completely protected.**

**SAFE 3**

**SAFE 4**

Manufacturer \_\_\_\_\_

UL Rating/Type \_\_\_\_\_

- b) Type of Protection:       Complete       Partial       Complete       Partial

**A motion detector over the safe(s) is not considered partially or completely protected.**

- c) Method of Protection:       Proximity Sensor       Vibration Sensor       Shock Sensor       Door Contact
- Motion Sensor

- d) UL Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**If Walk-In Vault:**

- a) What is the UL rating on the vault?       Class M       Class I       Class II
- Class III       No Rating
- b) Construction of Vault:       Modular       Poured Concrete       Masonry Block
- If Poured Concrete, are Rebar Reinforcement or Ball Bearings utilized?       Yes       No
- d) Is the vault wired to the alarm?       Yes       No
- Type of Protection:       Complete       Partial
- c) Method of Protection:       Proximity Sensor       Vibration Sensor       Shock Sensor
- Door Contact       Motion Sensor

- f) UL Certificate # \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- If different from premises*

**PART C. EXPOSURE**

**1. Inventory of all property wherever located:**

a. Last merchandise inventory		at least 6 months prior		Estimated Maximum Inventory During The Last 12 Months Including Goods In Your Possession On Memo. This Can Be More Or Less On Occasions
<u>Date</u>	<u>Value</u>	<u>Date</u>	<u>Value</u>	
.....	.....	.....	.....	

b. The estimated average daily amount of other people's property in our custody or control during the last 12 months was: ..... (Included in the Maximum Limit Shown Above)

c. The proportion by value of jewelry on premises put away in a safe/vault while closed: (Excluding Giftware)  
 In and out of locked Safes/Vaults: *This is a limit for jewelry out of safe, it is not a warranty.*

<u>Total Limit in Safe/Vault 1</u>	<u>Total Limit in Safe/Vault 2</u>	<u>Total Limit in Safe/Vault 3</u>	<u>Coverage While Closed Out of Safe(s) &amp; Vaults Non-Peak</u>	<u>Coverage While Closed Out of Safe(s) &amp; Vaults Peak</u>	<u>Total Per Item Out</u>
.....	.....	.....	.....	.....	.....

d. (1) The proportion by value of property kept in Safe Deposit Vaults will be: .....

(2) Name and address of Safe Deposit Vaults: .....

e. (1) We keep stock records:  Yes  No

(2) Do you keep an itemized inventory?  Yes  No

f. (1) How often is inventory taken? ..... (2) Is inventory computerized?  Yes  No

g. What estimated Percentage of your stock is loose Diamonds? .....

h. Are all purchases from the public valued at the estimated replacement cost in your inventory?  Yes  No

i. Is any of the jewelry left out of safe when closed for business kept somewhere other than in locked showcases?  Yes  No

*If yes, Please explain:* .....

**2. Annual estimate of property shipped excluding shipments at our own risk and/or under the policy deductible amount. (Not to include shipments to and from trade shows/exhibitions)**

**Estimated Annual Values Shipped**

- Federal Express .....
- United Parcel Service .....
- U.S.P.S. Registered Mail .....
- U.S.P.S. Express Mail .....
- Armored Car .....

**3. What is the total average estimated daily amount given 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.**

**1. Within a 100 mile radius of cities, towns or counties in which premises are situated.**

<u>Name(s)</u>	<u>Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

**2. Elsewhere in the states of the United States, the District of Columbia, Canada & Puerto Rico.**

<u>Name(s)</u>	<u>No . Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

**3. Elsewhere (Worldwide)**

<u>Name(s)</u>	<u>No . Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>

**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 assured's 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.***

(1) Do you want to purchase coverage for losses from within an unattended auto?  Yes  No

(2) If "Yes", please indicate below the name(s) of travelers in which coverage is to apply:

a. Within a 100 mile radius of cities, towns or counties in which premises are situated.

<u>Name(s)</u>	<u>No. Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>	<u>VIN # of Auto to be Covered</u>

b. Elsewhere in the states of the United States, the District of Columbia, Canada & Puerto Rico:

<u>Name(s)</u>	<u>No. Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>	<u>VIN # of Auto to be Covered</u>

**5. Is Exhibition/ Trade Show Coverage Required:**

Yes  No

If "Yes", please complete below:

<u>Event</u>	<u>Event Dates</u>	<u>Amount</u>

(1) Is trade show coverage to include transits via armored car?  Yes  No

**6. Show Window Display at Premises Occupied by the Proposer and Outside Showcase Displays**

NOTE: Property displayed in show windows, and in show cases not opening into the interior of the premises, is considered "protected" only when displayed behind swinging plate glass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across window or show case, or behind special laminated or Bullet Resistive Glass or Lexan.

a. Is show window coverage desired?  Yes  No

Number of Show Windows (opening into the interior of the premises): \_\_\_\_\_

How many are protected against window smashing? \_\_\_\_\_

How are they protected?  Swinging Plate  Lamination  Bullet Resistive  Metal Gate/Bars

Number of Outside Show Cases? \_\_\_\_\_

b. VALUE DISPLAYED	OPEN TO BUSINESS		CLOSED TO BUSINESS	
	Protected	Unprotected	Protected	Unprotected
LIMIT OF LIABILITY				
1 All windows/cases.....				
2 One Window.....				
3 One outside showcase.....				

c. Describe windows/cases not at premises, but to be insured:  
 \_\_\_\_\_  
 \_\_\_\_\_

**PART D. AMOUNTS OF INSURANCE AND LIMITS REQUIRED**

**1. Jewelers Block Related Coverage:**

LIMIT

DEDUCTIBLE

Stock including other peoples goods.....

Giftware (All Risk Breakage).....

Seasonal Increase? From: ..... To: .....

Also: From: ..... To: .....

From: ..... To: .....

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.....

**2. 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:**

Condition "M" Amended:  Yes  No

If "No", what is the on Premises Mysterious Disappearance Limit to apply:

**Valuation:**  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 Affiliates 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 in your particular state.**

**Date:** .....

**Signature of Proposer:** .....





**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* \_\_\_\_\_ *County* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip-Code*

c. FEIN Number \_\_\_\_\_

d. Contact: \_\_\_\_\_  
*Name*

\_\_\_\_\_ *Phone* \_\_\_\_\_ *Fax*

\_\_\_\_\_ *E-Mail*

**2. Premises And General Information & Other Protection**

1. Type of Business:  Corporation  Partnership  Individual  LLC

2. Construction Type:  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Fire Resistive  Other: \_\_\_\_\_

3. Number of Stories \_\_\_\_\_

4. Year Built: \_\_\_\_\_ *If building is over 40 years old please provide the updated information below:*  
 Wiring: \_\_\_\_\_ Heating: \_\_\_\_\_ Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_

5. Adjacent Occupancies (Facing Out): Right Side \_\_\_\_\_ Left Side: \_\_\_\_\_

6. What is the total square feet of the premises that you occupy? \_\_\_\_\_

7. Is your premises located in a Coastal Area?  Yes  No  
 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 .**

8. Does Your Premises Have:  Fire Alarm  Sprinkler System

9. Is your premises located inside an enclosed mall?  Yes  No

10. Total number of employees employed at this Location: \_\_\_\_\_

11. Gross Sales: \_\_\_\_\_

**3. Past Experience:** Have you suffered any losses in the last 5 years, insured or uninsured, in respect of any coverage to which this insurance will apply?  Yes  No

<u>Date</u>	<u>Nature of Loss</u>	<u>Amount Paid</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 for you?**  Yes  No If Yes, give reason? \_\_\_\_\_  
 \_\_\_\_\_

**PART B. AMOUNTS OF INSURANCE AND LIMITS REQUIRED**

<u>4. Other Available Property Coverage</u>	<u>LIMIT</u>	<u>DEDUCTIBLE</u>
Building at Replacement Cost: <i>80% Co-Insurance applies to Building Coverage.</i>	.....	.....
Loss of Business Income Per Loss Aggregate: <i>Actual Loss Sustained Up to 12 Consecutive Months Subject to a maximum of the per-loss Aggregate Limit</i>	Max Total Per Loss Limit: .....	.....
Computer & Media:	.....	.....
Outdoor Signs:	.....	.....
Exterior Grade Floor Glass:	.....	.....
Ordinance or Law, Demolition & Increased cost of construction:	.....	.....
Employee Theft ( <i>Including Employee Theft of Jewelry</i> ):	.....	.....

**5. Liability Limits Of Insurance**

- 1. Commercial General Liability:  \$1,000,000 Per Occurrence / \$2,000,000 Aggregate  Nil
- 2. Include Stop Gap Liability \*:  Mark if Applicable  
  - \* Stop Gap Liability Coverage only applies in the following States:  
North Dakota, Ohio, Washington, Wyoming and West Virginia.
- 3. Hired and Non Owned Auto:  \$1,000,000 Per Occurrence / \$1,000,000 Aggregate  Nil
- 4. Excess Liability\*\*:  \$1,000,000 Per Occurrence / \$2,000,000 Aggregate  
 Other: .....  Nil  
  - a. Do you want the excess liability to include \$1,000,000 Per Occurrence / \$1,000,000 Aggregate Limits in respects of Hired & Non Owned Auto?  Yes  No
- 5. Employee Benefit Liability:  \$1,000,000 Per Occurrence/\$1,000,000 Aggregate  Nil
- 6. Gemstone Enhancement Liability:  \$10,000  \$50,000  \$100,000
- 7. Professional Appraisal Liability:  \$50,000  \$100,000  \$300,000
- 8. 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 of EPLI?  Yes  No  
 If "Yes", please state the previous carrier: ..... Retro Date: .....
- 10. Cyber Liability:\*\*  \$100,000  \$300,000  \$500,000  
 \$1,000,000  
 Have you maintained continuous coverage in respect of Cyber Liability?  Yes  No  
 If "Yes", please state the previous carrier: ..... Retro Date: .....

\*\* Excess Liability Does not extend over Products Liability for Guns & Ammunition, Employment Practices Liability or Cyber Liability.  
 \*\*\* Both E.P.L.I. and Cyber Liability require a completed supplemental application.

**PART C. ADDITIONAL INSURED**

<u>Name</u>	<u>Address</u>	<u>Interest Description</u>
.....	.....	.....
.....	.....	.....
.....	.....	.....

**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 in your particular state.**

Date: ..... Signature of Proposer: .....



# EMPLOYMENT PRACTICES LIABILITY APPLICATION

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

**Instructions:**  
1. Answer all questions (if not applicable, show N/A) and attach all additional information/explanations as required  
2. Application must be dated and have an authorized signature.  
3. PLEASE READ STATEMENT AT END OF APPLICATION CAREFULLY.

A. Name and address of Applicant: \_\_\_\_\_

Address

City

State

Zip Code

Sole Proprietor       Corporation       Partnership       Joint Venture  
 Franchise       Other (Please specify): \_\_\_\_\_

B. Number of full time employees wherever located: \_\_\_\_\_

Number of other employees wherever located:  
*Includes Part Time, Seasonal Employees and Independent Contractors.*

C. Do the Applicant's public facilities have access for the disabled in compliance with A.D.A. Law?  Yes  No

D. Do you use a Payroll Service?  Yes  No

E. Are any salaried employees not eligible for overtime?  Yes  No

F. Have you maintained continuous E.P.L.I. coverage through another carrier?  Yes  No

*If yes, who was the previous carrier?* \_\_\_\_\_

*What was the retroactive date?* \_\_\_\_\_

H. Are there any past employment Practices Liability claims or any claims alleging discrimination and/or harassment from a Person who is a non-employee?  Yes  No

*If yes, please provide full details:* \_\_\_\_\_

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

- I. Are there any known situations that could give rise to a claim or any complaints alleging discrimination and/or harassment from a Person who is a non-employee?  Yes  No

For example, but not by way of limitation, we consider it reasonable for you to foresee that a claim may be brought against you if a current or former employee or an applicant for employment has expressed dissatisfaction with the employment relationship

- i) Making a formal complaint to a supervisory employee of discrimination, harassment or unfair employment practices;
- ii) Threatening to hire an attorney;
- iii) Asking for a severance package in excess of what is being offered;
- iv) Complaining of discrimination, harassment or unfair treatment and threatening to do something about it; or
- v) Frequent complaining of discrimination, harassment or unfair treatment.

- J. Have any lawsuits, class actions, administrative proceedings (including audits, investigations or reviews by the Department of Labor or similar state agencies including but not limited to the California Department of Industrial Relations), or any hearings or demands been made against the Applicant or any entity or person proposed for this insurance during the last five (5) years alleging violations of any federal, state, or local wage and hour laws or regulations in support thereof?  Yes  No

*If "yes" to I or J above, please give full details:*

---

---

---

- K. Amount of Employment Practices Liability Coverage Required:

- i)  \$100,000  \$300,000  \$500,000  \$1,000,000

***The Applicant warrants after full investigation and inquiry that the statements set forth herein are true and include all material information.***

***The Applicant on behalf of the Proposed Insureds further warrants that if the information supplied on this application changes between the date of this application and the inception date of the Policy, it will immediately notify us of such change. Signing of this application does not bind Underwriters to offer nor the Applicant to accept insurance, but it is agreed that this application shall be the basis of the insurance and will be attached and made a part of the Policy should a policy be issued.***

Dated

Applicant's Authorized Signature of a Principal,  
Partner or Officer

Title