

# 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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.**

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Submitted By (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_