



JEWELLERS BLOCK & PAWNBROKERS COMMERCIAL COMBINED PROPOSAL FORM

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DUTY OF FAIR PRESENTATION

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a. Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b. Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c. Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a. If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b. If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c. Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

LMA9117

16 March 2016

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PROPOSER'S DETAILS

It is a requirement to capture information about every company and subsidiary company that is to be covered by the policy. As "associated" companies do not fall within the subsidiaries definition they must arrange their own cover to comply with regulations. If you are an individual or partnership, please state your full names including any trading style.

1. Company Name (including list of partners if not a limited company)

2. Address 1

3. Address 2

4. Town
5. County
6. Postcode

If the business is a partnership, LLP, Ltd or PLC please provide full details of all other partners or any subsidiaries on the 'Additional Information' sheet at the end of the proposal form.

If you operate from more than one address please list all other business addresses and their business use on the 'Additional Information' sheet.

7. Full business description (if you have a brochure or company literature, please attach them to this form)

CURRENT INSURANCE ARRANGEMENTS

8. Insurer

9. Broker

10. Premium
11. Renewal date

12. Date commenced trading
13. Is the business VAT registered?
- Yes
- No

14. Please give details of any professional or trade associations you are affiliated to

15. Has any part of the current or any historic policy been written on a claims made basis? If so please give details including retroactive dates

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PROPOSER'S DETAILS

16. Has the business changed name in the last 5 years? If "Yes" provide FULL details of all previous names below Yes No
17. Risk address (PLEASE NOTE A SEPARATE PROPOSAL FORM MUST BE COMPLETED FOR EACH RISK LOCATION TO BE COVERED)
18. Address 1
19. Address 2
20. Town 21. County 22. Postcode

GENERAL RISK DETAILS

23. Please state your standard trading hours?
24. How long have you been trading at your current address?
25. How long have you been trading elsewhere?
26. If this is a new venture, please give full details of your experience in the trade:
27. How many employees do you have?
28. What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?
- | | | | |
|-----------------------------|-------------|----------------|---------------|
| 29. Nature of your business | Retail | Wholesale | Manufacturing |
| | Pawnbroking | Repairing | Gold Buying |
| | Other | Please Specify | |
30. On what basis of valuation do you require claims to be settled for your own stock? Cost + %
N.B. All sums insured for your own stock declared in this proposal form, must include the basis of valuation above
31. Please give 2 trade references:
- a.
- b.

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HISTORICAL INFORMATION

- | | |
|--|-----|
| 32. What was the average total stock value during the last 12 months of: | GBP |
| a. Your own stock (at the basis of valuation selected above) and banknotes: | GBP |
| b. Property entrusted to you and entered in to your stock records | GBP |
| Total | GBP |
| 33. The total stock insured specified above is split: | |
| a. Jewellery, gold and platinum goods, bullion, precious stones and pearls | GBP |
| b. Watches | GBP |
| c. Clocks, silver, silver plate and gold plate | GBP |
| d. Brittle/fragile items such as pottery, glass, chine etc | GBP |
| e. Money | GBP |
| f. Costume/Fashion Jewellery | GBP |
| 34. What was the maximum total value of your own stock, bank notes and goods in trust during the last 12 months: | GBP |

SECURITY & PROTECTIONS

- | | | | |
|--|-----|--|----|
| 35. Are the premises: | | | |
| a. Mostly of non-combustible construction with no more than 10% of combustible materials? | Yes | | No |
| b. In a good state of repair? | Yes | | No |
| c. Free from signs of subsidence, landslip or heave and have never suffered from these problems? | Yes | | No |
| d. In an area susceptible to or have a history of flooding? | Yes | | No |
| e. In possession of a basement in which stock or contents are stored? | Yes | | No |
| f. Self-contained and occupied solely by you? | Yes | | No |
| g. Occupied at night? | Yes | | No |
| h. Occupied and trading regularly throughout the year? | Yes | | No |
| i. Located in a shopping centre or mall? | Yes | | No |
| j. If so, does the shopping centre or mall provide manned 24 hours security? | Yes | | No |
| 36. Please give details of each of the following and how they are protected: | | | |
| a. Each outer door | | | |
| b. Each inner door | | | |
| c. Does the entrance door have electrically operated opening? | Yes | | No |
| i. Is it always used? | Yes | | No |
| ii. Is there an air-lock entry system? | Yes | | No |
| d. all windows other than display windows | | | |
| e. all skylights or fanlights or roof openings | | | |
| f. are all keys (including your alarm, safe and vault keys) removed from the premises outside of business hours? | Yes | | No |
| 37. Display windows and showcases: | | | |
| a. Give full details of the type of glass in your display windows or showcases: | | | |

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- b. What precautions do you take to protect the rear of your display windows?
- c. Are display windows and showcases kept permanently locked with the keys removed? Yes No
- d. Is there an internal grille or hanging glass covering the whole of the display windows?
If "Yes" provide details below Yes No
- e. Can the internal grilles or the suspended glass be reached under or over or around?
- f. Are the premises closed to the public when the windows or showcases are dressed at the start and end of each business day?
38. When the premises are not open for business:
- a. Are all the display windows and/or outside showcases protected externally by either shutters or by a grille?
If "Yes" provide details below of these protections and state how they are secured: Yes No
- b. Does this protection cover the entire front of your premises? Yes No
39. Burglar alarms
Please attach a copy of your alarm specification to the back of the proposal form and answer the questions below:?
- a. Installing company and make:
- b. Is the alarm connected to the police or central station?
If "Yes" provide details below of the signalling method, e.g. RedCare, Dualcom etc Yes No
- c. Are panic buttons included? Yes No
- d. Is the system maintained under an annual contract? Yes No
40. CCTV details
- a. Do you have a CCTV system installed? Yes No
- b. Is it always switched on? Yes No
- c. Does it record continuously for 24 hours? Yes No
- d. Is the recordings/storage device concealed? Yes No
- e. Does it record first entry and last exit of the day? Yes No
- f. Do you keep the recordings for at least 31 days? Yes No
- g. Is there a dummy (decoy) recorder? Yes No
- h. Is there a monitor? Yes No
41. Safes:
- a. Please state the makers name and model:
- b. Do any safes have time locks? Yes No
- c. Does it have an alarm contact? Yes No
- d. Approximate size and weight of each safe?

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e. Approximate age of each safe?

f. Is there a vault? Yes No
If "Yes" provide full details below of construction, door and provide the EU or UL, rating classification:

42. Are there any other means of protection not stated above? E.g. Smart water, smoke cloak, vibration detection etc? Yes No
If "Yes" provide full details below:

43. Fire protections?

a. Does the premises have a fire alarm? Yes No

b. Is it connected to a central station? Yes No

c. Does the premises benefit from sprinkler protection? Yes No

If "Yes" provide full details below of the state type e.g. wet/dry/foam etc:

44. Opening and closing

a. Will a minimum of two members of staff be present at opening and closing of the premises? Yes No

b. Are keys and combination codes split between two or more staff so no one person has sole access? Yes No

RECORDS AND RECEIPTS

45. Please state the date of your last stock take:

46. What was the total sum of your own stock, goods in trust and bank notes
at that time: GBP

47. Do you keep proper records of all sales, purchases and transactions? Yes No

48. In the event of a loss are you able to give an itemised breakdown of goods damaged or stolen? Yes No
If "No" provide full details below:

49. Is it your practise to give receipts for goods left with you by non-trade customers for repair, valuation,
sale or any other purpose and to require surrender of such receipts before goods are returned to the customer? Yes No

50. Do you keep records of items entrusted to you and agree in writing the net amount the entruster
is prepared to accept in the event of loss? Yes No

51. Do you keep records of items you entrust to others? Yes No

52. Do you agree with trustees in writing who is responsible for insuring the items? Yes No

53. If you have part shares in items, do you agree with the other dealer(s) in writing, who is responsible for
insuring the items? Yes No

SUMS INSURED

54. Stock

Even if you are not insuring the full value of your stock, goods held in trust and money, you must show the full value in brackets next to the relevant sum insured.

	Normally	Seasonal increase (Give dates & amounts)
Total of your own stock, goods you hold in trust and money		
This total comprises approximately:		

a. Jewellery, Gold and Platinum Goods, Bullion, Precious stones and Pearls	GBP		GBP	
---	-----	--	-----	--

b. Watches	GBP		GBP	
------------	-----	--	-----	--

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c. Clocks, silver, silver plate and gold plate	GBP	GBP
d. Brittle/fragile items such as pottery, glass, china etc	GBP	GBP
e. Money	GBP	GBP
f. Costume/Fashion Jewellery	GBP	GBP
55. Pledge Stock (if applicable)		Amount loaned
a. Jewellery, Gold and Platinum Goods, Bullion, Precious stones, Pearls and watches	GBP	
b. Non precious pledge goods (electrical equipment etc)	GBP	
c. Please state uplift to allow for internet (normally 25%)	GBP	
d. Pledge & Deposit - Private Treaty Goods	GBP	
e. Uplift for private treaty (normally 75%)	GBP	

56. Buyback

Do you operate buyback? Yes No
 If "Yes" provide full details below of maximum limit inclusive of up to 30% uplift:

GBP

57. Cash

If you hold money for cheque cashing, telegraphic transfer or foreign exchange (please state which):

- a. Please state the estimated annual turnover for the stated operation(s) GBP
- b. Maximum limit of money on the premises GBP
- c. Maximum limit of money in transit GBP

In order for any cover to be provided, please note that:

- i. Money must be placed in an adequate safe or vault outside of business hours and during business hours, the amount out of safe must be strictly controlled.
- ii. Money in transit in excess of £5,000 must be accompanied by two members of your staff and transits in excess of £10,000 must be by a security company

58. Values out of safe

Total of your own stock, goods you hold in trust and money	Outside business Hours	During temporary closing
This total comprises approximately:		(e.g. lunch time if applicable)

- a. What is the maximum value of all watches, jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) when out of a locked safe or vault? GBP GBP
- b. What is the maximum value of any one article of jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) when out of a locked safe or vault? GBP GBP

59. Window display(s)

- a. How many windows does your premises have?
- b. Please advise maximum values which will not be exceeded of:

	During business hours	Outside business hours
i. Any one window	GBP	GBP
ii. Any one outside showcase as above	GBP	GBP
iii. Any one article	GBP	GBP
iv. Any one pad or tray of articles	GBP	GBP
v. In all windows	GBP	GBP
vi. In all outside showcases	GBP	GBP

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60. Outside Carrying

Please provide the following information:

a. In the UK:

Names of all principles, representatives, travellers & agents	Total number of days per annum	Average amount carried	Maximum amount carried
		GBP	GBP
		GBP	GBP
		GBP	GBP
		GBP	GBP

b. Outside Carrying - overseas travel, please specify countries:

Names of all principles, representatives, travellers & agents	Total number of days per annum	Average amount carried	Maximum amount carried
		GBP	GBP
		GBP	GBP
		GBP	GBP
		GBP	GBP

c. Outside Carrying - If any principal, Employee, Traveller, Representative or Agent takes stock to his/her private residence for any purpose, please state:

Name	Address	Maximum value	Full details of security	Is the stock left unattended?	
		GBP		Yes	No
		GBP		Yes	No
		GBP		Yes	No
		GBP		Yes	No

d. Outside Carrying - unattended vehicle cover (please state if cover is required for petrol station forecourt only)

Names of all principles, representatives, travellers & agents	Total number of days per annum	Average value	Maximum value	Details of car & alarm
		GBP	GBP	
		GBP	GBP	
		GBP	GBP	
		GBP	GBP	

61. Entrustments

a. What was estimated values entrusted to dealers, customers, repairers, cutters and broking during the past 12 months?

i. Average:	GBP	
ii. Maximum:	GBP	at any one time

b. Are trade approvals notes used making the entrusted to the Assay Office at any one time during the last 12 months?

i. Average:	GBP	
ii. Maximum:	GBP	at any one time

c. Do you store or display stock at any third party premises

Yes No

If "Yes" provide full details below:

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62. Sendings

What was the aggregate total value of all insured property sent during the past 12 months

- | | Next Day Special Delivery | Ordinary Post | Courier (please state company name) |
|---|----------------------------------|---------------|-------------------------------------|
| a. UK | GBP | GBP | GBP |
| | Register Airmail/insured Airmail | Airfreight | Other (please specify) |
| b. Within Europe | GBP | GBP | GBP |
| c. Rest of the World (please specify) | GBP | GBP | GBP |
| d. What is the maximum amount required per package for the coming 12 months | GBP | GBP | GBP |
| e. Is cover for inward sending required? | | | Yes No |
- If "Yes" provide full details below stating the values within the above limit and the reason why cover is required::

63. Exhibitions

Please complete the following information in full, if cover is required

Name & Location of exhibition	Date from/to	Limit required	Transit cover required to and from?	Method of transit to and from?
		GBP		
		GBP		
		GBP		
		GBP		
		GBP		
		GBP		

ADDITIONAL COVERS

Please only complete each section if cover is required

64. Buildings

- | | |
|--|-----------------------------------|
| a. Please state the Sum Insured: | GBP |
| b. How old are your premises? | |
| c. Are the premises listed? | Yes No If "Yes" what grade? |
| d. Does the premises have a current electrical certificate? | Yes No |
| e. Do you require Subsidence Cover? | Yes No |
| If "Yes" please complete the additional questions: | |
| i. Are the premises free from signs of damage which may be attributable to Subsidence, Landslip or Heave? | Yes No |
| ii. Are the premises being monitored for Subsidence, Landslip or Heave, or have ever been monitored for Subsidence, landslip or Heave, or have been the subject of an occurrence or Subsidence, Landslip or Heave? | Yes No |
| iii. Are the premises free from any signs of external cracks which might be attributable to settlement of foundations or movement of buildings? | Yes No |

65. Contents

- | | |
|---|-----|
| a. Fixtures & fittings (including and tenants improvements excluding Glass) | GBP |
| b. Glass fixed in display and other windows and doors of the premises for which you are responsible | GBP |
| c. Computers and any other electronic equipment | GBP |
| d. Any other contents | GBP |

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66. Consequential Loss/Increased Costs of Working
- | | | | | |
|---------------------------------------|-----|----|----|-----------|
| a. Estimated Gross Profit sum insured | GBP | | | |
| b. Period of Indemnity | | 12 | 24 | 36 months |
67. a. Rent Receivable
- | | | | | |
|------------------------|-----|----|----|-----------|
| | GBP | | | |
| b. Period of Indemnity | | 12 | 24 | 36 months |
68. a. Additional Increased Costs of Working
- | | | | | |
|------------------------|-----|----|----|-----------|
| | GBP | | | |
| b. Period of Indemnity | | 12 | 24 | 36 months |
69. Personal Accident (Assault Cover):
- Capital Sum Insured against Death or Permanent Disablement
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
- Temporary Total Disablement (Max £350 per week)
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
- If required state:
- | | | | | |
|-------------------------------|--|--|--|--|
| a. Number of persons | | | | |
| b. Number of Units per person | | | | |
70. Public Liability:
- Please select your desired limit of indemnity
- | | | | |
|--|------------|------------|------------|
| | £1,000,000 | £2,000,000 | £5,000,000 |
|--|------------|------------|------------|
- Please state your estimated turnover figure for the coming 12 months:
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
71. Employers' Liability (standard limit is £10,000,000)
- Please note that Employers' Liability Insurance is mandatory if anyone is in your employment - even on a part-time or temporary basis.
- Please provide the estimated wages and number of employees split as below:
- | | Wageroll | | No. Employees |
|---|----------|--|---------------|
| Clerical/Directors | GBP | | |
| Sales Staff (inc travelling sales reps) | GBP | | |
| Manual Staff (repair, manufacturer etc) | GBP | | |
| All Other Staff (please specify) | GBP | | |
- Mandatory information for the Employers' Liability Tracing Office (EL TO)
- Employer Reference Number (ERN)
- Also commonly referred to as the 'Employer PAYE Reference', this information is allocated to each employer by HMRC and is shown on a number of PAYE forms and documents.*
- For the insured policyholder:
- For all insured subsidiaries:
72. Defective Title - Standard limit is £5,000 Please state desired Sum Insured
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
73. Professional Indemnity (cover against wrongful valuations) -
- Please state desired Sum Insured (Limited to no more than £250,000)
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
74. Wearing cover - Standard limit is £10,000 Please state desired Sum Insured
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
75. Working Upon - Standard limit is £10,000 Please state desired Sum Insured
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
76. Employee Infidelity cover - Standard limit is £25,000 Please state desired Sum Insured
- | | | | | |
|--|-----|--|--|--|
| | GBP | | | |
|--|-----|--|--|--|
77. Is Terrorism cover required?
- | | | | | |
|--|--|--|-----|----|
| | | | Yes | No |
|--|--|--|-----|----|

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GENERAL QUESTIONS

Please answer questions a. and b. in relation to this business or any previous business in which the proprietor, partners or directors have traded, in this or any other name:

- | | | |
|---|-----|----|
| a. Have any insurers in the last five years declined to insure any of you or your businesses, cancelled or refused to renew any insurance or imposed special terms? | Yes | No |
| b. Have there been any incidents in the last five years where the Health and Safety Executive, Environmental Health Office, Environment Agency or any other enforcement agency have served any of you with any enforcement measures, prohibition notices or criminal proceedings? | Yes | No |

Please answer questions c. to f. in relation to the proprietor, partners or directors of this business.

Convictions or cautions do not have to be declared if they have become spent under the Rehabilitation of Offenders Act 1974. Reference to the Rehabilitation of Offenders Act 1974 is a reference to it as it is in force for the time being, taking into account any amendment, extension or re-enactment, and includes any subordinate legislation for the time being in force made under it.

- | | | |
|---|-----|----|
| c. Have any of you in the last five years been declared bankrupt or insolvent, in connection with this or any other business in this or any other name, or been disqualified from being a company director or been involved as owner, proprietor, partner or director with any company which went into receivership, administration or liquidation? | Yes | No |
| d. Have any of you in the last six years been the subject of any County Court Judgment and/or been cited in any unsatisfied court judgments (or the Scottish equivalent) and/or have any court judgments pending? | Yes | No |
| e. Have any of you been convicted or charged (but not yet tried) with any criminal offence other than a motoring conviction? | Yes | No |
| f. Have any of you committed any offence to which you have admitted and for which you have received an official police caution? | Yes | No |

If the answer to any question is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

CLAIMS HISTORY

- | | | |
|--|-----|----|
| a. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, has there been a claim under any of the cover(s) requested within the last 5 years? | Yes | No |
| b. In relation to this business or any previous business in which the proprietor or any partners or directors have traded, in this or any other name, have there been any incidents that could have given rise to a claim under any of the cover(s) requested within the last 5 years, for example a small fire? | Yes | No |

If the answer to either question is “Yes” please provide full details on the ‘Additional Information’ sheet at the end of the proposal form.

DECLARATION

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Signature

Please print name

Date

Position

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ADDITIONAL INFORMATION

