

JEWELLERS' BLOCK PROPOSAL FORM

TO BE EFFECTED WITH LLOYD'S

(A separate proposal form must be completed for each premises)

Please reply fully to ALL the following questions:

Questions	Answers								
1. (a) Name of proposer or company	(a)								
(b) Address	(b)								
(c) How long have you been in business?	In these premises:								
	Elsewhere:								
(d) Country or metropolitan risk?									
2. Nature of your business	<table> <tr> <td>Retail</td> <td>%</td> <td>Wholesale</td> <td>%</td> </tr> <tr> <td>Manufacturing</td> <td>%</td> <td>Pawnbroking</td> <td>%</td> </tr> </table>	Retail	%	Wholesale	%	Manufacturing	%	Pawnbroking	%
Retail	%	Wholesale	%						
Manufacturing	%	Pawnbroking	%						
3. Employees									
(a) How many employees do you have?	(a)								
(b) What is the minimum number of employees, including principals, in the sales section of your premises at any time during business hours, including meal times?	(b)								
4. Valuation basis									
On what basis do you require claims to be settled? <i>NB: Unless otherwise agreed on the policy, claims for your own stock will be settle on the basis of COST price. All figures completed in the proposal must reflect the basis of valuation required.</i>									
5. Stock values									
What was the AVERAGE total value during the last 12 months of:									
(a) Your own stock and bank notes?	(a)								
(b) Goods in trust (other than for safe custody), goods on approval, repairs and the like?	(b)								
6. Values out of safe									
What will be the MAXIMUM VALUE of all watches, jewellery, gold, bullion and platinum goods, precious stones and pearls (including those in windows) out of a locked safe or strongroom?	Outside business hours: A\$								
	During temporary closures, eg lunch times (if applicable) A\$								

7. Window displays			
(A) How many of each do you have:			
(a) Windows	(a)		
(b) Outside showcases	(b)		
(B) Give MAXIMUM values which will not be exceeded of:	During business hours		
(i) Any one	(i)		
(a) Window	(a) A\$		
(b) Outside showcase	(b) A\$		
(ii) Any one article	(ii) A\$		
(iii) In ALL windows and outside showcases	(iii) A\$		
	Outside business hours		
	(i) (a) A\$		
	(b) A\$		
	(ii) A\$		
	(iii) A\$		
8. Outdoor risk			
<p>I Give the following information for all insured property (inclusive of amounts carried to and from a bank or safe deposit) carried outside the proposer's premises listed on Question 1(b) by yourselves, your representatives, travellers, agents, messengers and delivery hands but NOT brokers, during the last 12 months.</p>			
	No of days each person per year	Average amount each	Maximum amount each
(a) In the city or town No of messengers and delivery hands	(a)	(a)	(a)
(b) Elsewhere within Australia and/or NZ	(b)	(b)	(b)
(c) Elsewhere outside Australia and/or NZ	(c)	(c)	(c)
II Home risk Does any principal, employee, traveller or agent take stock to their private residence for any purpose? If so, please give the following information.	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Maximum value taken	A\$		
III Entrustments	<input type="checkbox"/> YES <input type="checkbox"/> NO		
(a) Average at any one time, any one entrustee	A\$		

(b)Maximum at any one time, any one trustee	A\$			
IV Spendings	<input type="checkbox"/> YES <input type="checkbox"/> NO			
What was the AGGREGATE TOTAL value of all insured property sent during the past 12 months:	By Registered Post	By Registered Air Mail	By other air conveyances	By ordinary post, rail, steamer and other conveyances
(a) In the country in which your premises is situated	(a)			
(b) Elsewhere (state countries and values sent to each)?	(b)			
V Exhibitions				
Number of exhibitions per year:				
Limit per exhibition:	A\$			
Do you require coverage of personal conveyances to/from exhibitions?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
VI Outside limit (including sendings)				
What limit is required for any one loss for property elsewhere than at your premises stated in Question 1(b) above? This will NOT apply to property in any safe deposit, vault or bank vault	A\$			
Protections				
9 Give full details of the type of glass in all your display windows and/or outside showcases				
Does your premises have a burglar alarm?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Are holdup/panic buttons incorporated in the system?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
Is the system maintained under contract?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
10 Do you have a safe on the premises? If so, approximate size and weight	<input type="checkbox"/> YES <input type="checkbox"/> NO		Size: Weight:	
11 Stock records				
(a) Do you take annual stock records?	<input type="checkbox"/> YES <input type="checkbox"/> NO			
(b)Do you keep proper records of all sales, purchases and transactions?	<input type="checkbox"/> YES <input type="checkbox"/> NO			

12 Losses	
(a) Have you ever sustained a loss or losses?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) If so, give a statement covering the past five years with particulars, including the amount of each loss and, if insured, whether paid in full or otherwise.	
13 Receipt	
(a) Do you give receipts for goods left with you by non-trade customers for repairs, valuation, sale or any other purposes and do you require surrender of such receipts before goods are returned to customers?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Do you use entrustments/approbation notes for all entrustments?	<input type="checkbox"/> YES <input type="checkbox"/> NO
14 Sum insured For what amount is the insurance required?	(a) On stock (including goods in trust and bank notes) A\$
	Any additional amount during a peak season period A\$
	On trade and office furniture, fixtures and fittings, machinery, plant, safes, alarm systems, tenants' decorations and improvements, and all other contents (except your stock and goods in trust) at your premises A\$
15 Other insurances	
(a) Has Lloyd's or any other insurer ever cancelled or refused to issue or to continue any insurance for you?	<input type="checkbox"/> YES <input type="checkbox"/> NO
(b) Have you previously been insured? If so, with whom, state risks covered and for what amount.	(b)
16 Has the premises to be insured been professionally surveyed within the last five years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If, yes, name the surveying company	
Date of survey	
Were any recommendations stated?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, have all recommendations been fully complied with and are currently in operation?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If not, provide full details	
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Signing this form does not bind you or underwriters to complete the insurance, but it is agreed this form shall be the basis of the contract should a certificate be issued.

I/We have read the above and agree that, to the best of my/our knowledge and belief, it represents a true and complete statement.

I/We agree that if this insurance is completed the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interests of the underwriters without their prior consent.

Signature of proposer

Date