



Jewelers Specialty Insurance Services

Application for Jewelry and Fine Arts Coverage to be effected through JSIS-FAJ Division

**QUESTIONS TO BE ANSWERED BY APPLICANT**

Questions	Answers
1. Name of Applicant:  List any other members of the family or household to be insured, and relationship to applicant:	
2. Residential Address(es) to which this insurance shall apply:	
3. Do you have any secondary Residence? If so, list any secondary residences to which this insurance shall apply:	
4. Please state the exact nature of the Business or Occupation of each member of household:	
5. Business Address:	
<b>Limits required / Coverage details</b>	
6. For what amount does the Applicant propose to take out Insurance under the Policy?  <i>(Insurance must be for full value; if a valued Policy is desired, a complete list of articles to be insured with values against each must be furnished with this application, such valuation to be made and signed by a qualified valuer or appraiser)</i>	\$ Total on Jewelry \$ Total on Fine Arts (non fragile) \$ Total on Fine Arts (fragile) \$ Total on Silverware \$ Total on Musical Instruments \$ Other (describe)
Do you have copies of the original purchase receipt and/or a valuation for each and every items to be insured describing each article and stating a value for each:  Was said valuation completed by a qualified appraiser or valuer:	
8. Basis of valuation required	
9. From what date do you wish this insurance coverage to commence if the policy is issued?	



**QUESTIONS TO BE ANSWERED BY APPLICANT**

10. Is Applicant or any member of the family (i.e. Husband, Wife, Father, Mother, Son, Daughter) in any way connected with the movie, music, theatre or entertaining profession?	
11. Has Applicant or any member of the Applicant's household suffered <b>any</b> Loss(es) during the past five years involving either Jewelry &/or Fine Arts?	
12. If so, please state when & where such loss occurred, and the circumstances and amount of each and every loss:\	
13. Does the Applicant currently have Insurance Coverage for Jewelry &/or Fine Arts? If so, please state name of the Broker or Agent issuing same:	
14. Has any Insurer ever cancelled or refused to issue any Insurance for Applicant? If so, give full particulars:	
15. If Husband &/or Wife are applicants, do they reside together?	
16. Have any of the applicants been divorced?	
<b>Premises details</b>	
17. Please advise the construction details for each Address:  <div style="text-align: right;"> Year Built  Type of Construction  Type of Roof  Description of area (Residential Flats or Brush)  Distance from Brush  Date Plumbing retrofitted:  Date Electrical retrofitted:  Any Earthquake Retrofitting: </div>	
18. Please advise Alarm Details:  <div style="text-align: right;"> Working central station alarm?  protection against both Fire and Burglary?  Name of Alarm Company:  Alarm cover all areas containing the insured items?  Describe any other protections: </div>	
19. Will the premises at which the items to be insured are kept ever be left unattended for more than 72 hours at a time?	



**QUESTIONS TO BE ANSWERED BY APPLICANT**

20. If any Jewelry items are to be insured, does the Applicant have a residence safe? If so, please provide details of Manufacturer and U.L. Laboratories burglary resistance rating:	
21. Is the Jewelry to be worn or carried solely by the Applicant? <i>If not, please state who else may wear or carry Jewelry and if any of them are engaged in professional, mercantile or business pursuits? Give full particulars.</i>	
22. Will the Applicant loan any of the items to be insured to Museums, Galleries, or others? If so, please advise details:	
23. Will any items to be insured be kept at any other locations other than the Applicants residence(s)? If the answer is yes, for any reason, give full particulars:	
24. Please state age(s) of Applicant(s)	
25. Is there any other material fact, within your knowledge, regarding Underwriters' issuance of this insurance, which should be disclosed and that may affect the issuance, terms or conditions of the Policy? If so, please disclose same.	

The signing of this application does not bind the Applicant (nor the Underwriters) to complete the insurance. It is understood and agreed that this application shall be used as a basis under which the policy will issued.

The non-disclosure or willful misrepresentation of any material fact may cause the insurance to be withdrawn.

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

Signature of Applicant   X  

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

**QUESTIONS TO BE ANSWERED BY PRODUCING BROKER**

- 1) Do you know the Applicant personally? \_\_\_\_\_
- 2) If so for how long? \_\_\_\_\_
- 3) Did you receive order direct from the Applicant? \_\_\_\_\_
- 4) Do you handle any other Insurance for the Applicant? \_\_\_\_\_
- 5) Do you recommend the Applicant? \_\_\_\_\_

Signature of Broker \_\_\_\_\_ Name of Broker: \_\_\_\_\_  
Name Address \_\_\_\_\_

Telephone – E-mail