

Jewelers Block Policy
OUTSIDE SALESPERSON'S QUESTIONNAIRE *(Strictly Confidential)*



Jewelers Specialty Insurance Services

611 Wilshire Boulevard, Suite 805 Los Angeles, CA 90017

Tel: 213.488.1000 Fax: 213.488.1141

Please answer all questions, sign and date the form Return it back to us for further processing by the insurance company	
1. Salesperson's Full legal name:	
2. Position (check one):	<input type="checkbox"/> - W2 – Employee (full or part-time) <input type="checkbox"/> - 1099 – Independent/Commission Salesperson
3. Name of Assured (policyholder /applicant) ie. company you work for or for whom you are submitting this application:	
4. Date employed by Assured (policyholder /applicant):	
5. Value of your line carried (at cost) for Assured	
6. Type of merchandise carried – ie. Diamonds or jewelry only	
7. What is your date of birth:	
8. What is your drivers License Number:	
9. Your Social Security Number:	
10. What is your Home Address: <i>(Note all information is Strictly Confidential)</i>	
11. How long have you lived at this address?	
12. Do you own or rent this residence?	
13. Do you have a premises alarm or safe in your home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> _____ If yes, describe:
14. US Citizen or other Country of Citizenship ?	
15. No. of years you have been in the USA	

Your initials _____

Date _____

Name of Salesperson _____

Name of Insured _____



16. No. of years experience in the USA jewelry trade:													
17. No. of years you have traveled with amount worth as much (or more than) as insurance cover is required:													
18. No. of years experience as a traveling jewelry salesperson in the United States:													
19. Name all Previous employers i.e. firms for whom you have worked during the last 15 (fifteen) years <i>(attach another sheet, if necessary)</i>	<p><u>Previous 15-year history and reason for leaving</u></p> <table border="0"> <thead> <tr> <th style="text-align: left;">Employer</th> <th style="text-align: left;">Time employed</th> <th style="text-align: left;">Reason</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>for _____ years</td> <td></td> </tr> <tr> <td>_____</td> <td>for _____ years</td> <td></td> </tr> <tr> <td>_____</td> <td>for _____ years</td> <td></td> </tr> </tbody> </table>	Employer	Time employed	Reason	_____	for _____ years		_____	for _____ years		_____	for _____ years	
Employer	Time employed	Reason											
_____	for _____ years												
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20. Have you ever been discharged, requested to resign, or charged with a shortage in your accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give complete details:												
21. Have you ever been accused or convicted of any felony, crime or misdemeanor ?													
22. Have you ever lost your line or had it taken from you by armed robbery or burglary or trick or any other illegal means or suffered ANY losses to a jewelry line for any reason whatsoever? What is your Loss history over past seven (7) years – if so, state for whom you worked, whether insurance was carried, amount of loss, amount of insurance paid and any other details <i>(attach another sheet, if necessary)</i>	<p>If yes, please complete the following:</p> <p>Date of loss _____</p> <p>Employer at time of loss _____</p> <p>Value of line _____</p>												
23. States included in your sales territory you travel in for Assured (policyholder /applicant):													
24. Do you travel for anyone else other than the Assured (policyholder /applicant) seeking insurance hereunder named in 3 above:	<p>[] - Yes</p> <p>[] - No</p> <p>If Yes, what other firms or companies do you (sell) travel for (name of company)</p> <p>_____</p> <p>max. amounts carried for them</p>												

Your initials _____

Date _____

Name of Salesperson _____

Name of Insured _____



25. Average amounts which you carry for your employer Assured (policyholder /applicant):	
26. Maximum amounts carried for your employer Assured (policyholder /applicant):	
27. Limit of insurance required for your line by your employer - Assured (policyholder /applicant):	
28. Number of days you will be traveling this year for Assured (policyholder /applicant)::	
29. No. of days you traveled last year for all firms you worked for	
30. When you carry merchandise, do you carry the goods in a container (i.e. body-vest/body-belt) strapped around your body, in a purpose-made inside pocket with zipper or in a container that is wheeled or hand-carried? (please describe fully):	
31. What do you do with your line at night ?	
32. What do you do with your line when you take personal breaks to eat or go to the bathroom	
33. Do you ever leave your line unattended in your vehicle?	
34. Do you ever leave your line unattended in your home ?	
35. Do you ever leave your line unattended in a hotel or a motel room?	

Salesperson or Insured Signature

Insured's Name (please print)

Date

Signature of ASSURED _____

Position _____

Date _____

Name of Assured (Policyholder/ Applicant
