

ART DEALERS BLOCK PROPOSAL FORM FOR INSURANCE



Please complete and return to:
 CANADIAN JEWELLERS BLOCK INSURANCE SERVICES INC.,
 23 King St. West,
 Bolton, Ontario, L7E 1C7,
 Phone 905-951-9324
 Fax 905-951-9326

Answer all questions to the best of your knowledge and belief.

All material facts must be disclosed as failure to do so may nullify any policy or certificate of insurance issued. (A material fact is one which is likely to influence the acceptance or assessment of this proposal by underwriters. If you are in any doubt as to what constitutes a material fact you should consult your broker).

If you consider that any question requires expert knowledge which you are unable to provide, indicate this in your answer

PART A

1. (a) Proposer: _____
 including all operating names and subsidiaries to be covered.
- (b) Name of owner, principals or officers: _____
- (c) Describe premises: _____
 (floor) (street) (suite or unit #) (city) (prov.) (code)

2. Give full details of all losses (whether insurance was in force or not) during the last five years stating approximate dates, amounts and circumstances of each loss:

Year	Insurer	Type of Loss	Date	Loss incurred	Loss Collected.
_____	_____	_____	_____	\$ _____.	\$ _____.
_____	_____	_____	_____	\$ _____.	\$ _____.
_____	_____	_____	_____	\$ _____.	\$ _____.
_____	_____	_____	_____	\$ _____.	\$ _____.
_____	_____	_____	_____	\$ _____.	\$ _____.

3. On what basis do you require claims in respect of your own stock to be settled?: _____

4. During the past 12 months what was the average total value of:
 - (a) Your own stock?
 (based on your answer to Question 3, above) \$ _____
 - (b) Property of others in your care, custody or control and recorded in your stock records?: \$ _____
 - Total of (a) and (b) \$ _____

5. How is the total given in Question 4 split (in percentages) between the following?:-
- | | |
|---|------------|
| (a) Paintings, prints and the like: | (a) _____% |
| (b) Porcelain, pottery, ceramics, glass, jade and other items of a brittle or fragile nature: | (b) _____% |
| (c) Furniture: | (c) _____% |
| (d) Clocks: | (d) _____% |
| (e) Silver and other precious metals other than gold: | (e) _____% |
| (f) Jewellery, gold, watches, etc.: | (f) _____% |
| (g) Any other stock (give full details) | (g) _____% |
| Total | _____% |
6. What was the maximum total value of your own stock and all other property in your care, custody or control at any time during the last 12 months? \$ _____
7. For what sum insured is the policy required in respect of Stock,(being your own property and all property of others in your care, custody or control):-
- at your premises?: \$ _____
8. What will be the total value and type of stock (if any) kept in a locked safe or strongroom when the premises are not open for business?: \$ _____
9. What will be the maximum value of stock in Display Windows:
- (a) During business hours?: \$ _____
- State type of protection _____
- (b) Outside business hours?: \$ _____
- State type of protection _____
10. What limit do you require for carrying by principal and employees:-
- (a) within Canada/USA?: \$ _____
- (b) elsewhere (state Countries) \$ _____
- _____
11. (a) What was the TOTAL AVERAGE value of all property entrusted to third parties at any one time during the past 12 months?: \$ _____
- (b) What limit do you require for any one entrustment?: \$ _____
12. What was the total value of all property sent by you in the last 12 months: _
- | | Within Canada/USA | Elsewhere |
|-------------------------------------|-------------------|-----------|
| (a) by post or airmail?: | \$ _____ | \$ _____ |
| (b) by carriers or freight?: | \$ _____ | \$ _____ |
| (c) by other means (give details)?: | \$ _____ | \$ _____ |

13. (a) Do you use any other premises (other than your own) for storage or permanent display?: YES/NO
- (b) If so, state locations and limits required:-
 _____ \$ _____
 _____ \$ _____
14. (a) Which "trade fairs" and exhibitions organized by trade associations or others do you attend annually?
 (a) Venues/Dates (b) Limits
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 (b) State limit required for each: _____ \$ _____
 _____ \$ _____

PART B

If applying for RENEWAL with the SAME UNDERWRITERS through the SAME BROKER only answer those questions in this section where the answers differ from the answer given in your previous proposal form.

The date of your previous proposal form was: _____.

UNDER ALL OTHER CIRCUMSTANCES, ANSWER ALL QUESTIONS.

In all cases this proposal form must be signed at the end by the proposer(s).

15. How long have you carried out your business:-
 (a) at this location?: (a) _____
 (b) (i) elsewhere?: (b)(i) _____
 (ii) state address: (b)(ii) _____
 (c) previous trading names of the proposer(s) are: (c) _____
16. Give names and addresses of two references from your trade:

17. (a) Have you been previously insured?: (a) YES/NO
 (b) if so:-
 (i) State name of insurer: (b)(i) _____
 (ii) why was this policy discontinued?: (b)(ii) _____
18. (a) Have Lloyd's or any other insurer ever cancelled or refused to issue or continue any insurance for you?:(a) YES/NO
 (b) If so, state name of insurer and full details: (b) _____

19. (a) Do you keep complete stock and account books in respect of all purchases and sales?: (a) YES/NO
 (b) Is the original purchase price of each item recorded in such books?: (b) YES/NO
 (c) If not, on what basis are such books kept?: (c) _____

20. (a) Do you carry out a full annual stocktaking?: (a) YES/NO
(b) if so, what was
(i) the date?: (b)(i) _____
(ii) the total amount of your own stock?: (ii) \$ _____
- 21 (a) How many principals, partners or directors are engaged in the business?: (a) _____
(b) How many employees have you?: (b) _____
(c) What will be the minimum number of employees (including owners, principals and officers) in the sales section of the premises when open for business?: (c) _____
22. (a) Will the premises be occupied at night?: (a) _____
(b) if so, by whom?: (b) _____
23. Give details of protection (other than alarm equipment) used to secure:-
(a) All exterior doors: (a) _____
(b) All interior doors giving access to your premises: (b) _____
(c) All windows (other than display windows), fanlights, skylights, trapdoors and other openings: (c) _____
24. (a) State name of alarm installer: (a) _____
(b) Check method of signalling in use: (b) Central/Monitoring Station with
own dedicated line. []
Digital Communicator []
Local only []
(c) (i) U.L.C. Certificate number and expiry date: (c)(i)# _____ Expiring / /
(ii) Extent (1, 2 or 3): (ii) _____
(iii) Level (I, II, III or IV): (iii) _____
25. (a) Is a safe or strongroom in use?: (a) YES/NO
(b) if so, state:-
(i) Make: (b)(i) _____
(ii) Model: (ii) _____
(iii) Approx. year of manufacture: (iii) _____
(iv) Weight: (iv) _____
(v) Dimensions: (v) _____

I hereby declare that the above statements and particulars, whether in my own hand or not, are true and that no facts have been withheld or misstated

I understand that non-disclosure or misrepresentation of a material fact will enable underwriters to void the insurance.

I understand that the signing of this proposal does not bind me (or the underwriters) to complete the insurance but agree that should a contract of insurance be concluded this proposal and the statements made herein together with any previous proposal and the statements made therein (insofar as such statements have not been varied by this proposal) shall form the basis of the contract.

Signature of Proposer.

Date.