



GENESIS Insurance Brokers Australia

General Insurance Broker
AFS Licensee No. 241367

Johnson Pacific Pty Ltd
ABN: 26 005 995 577

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JEWELLERS BLOCK INSURANCE PROPOSAL

PERIOD OF INSURANCE:

Cover commences _____ / _____ / _____ Cover expires _____ / _____ / _____ at 4:00pm

GENERAL INFORMATION:

Full Name of Proposer: _____
 Company Name: _____
 Trading Name: _____
 Your ABN: _____ Are you an NCJV Member? _____
 Postal Address: _____
 STATE: _____ POSTCODE: _____
 Business Address: _____
 STATE: _____ POSTCODE: _____
 Phone: _____ Facsimile: _____
 Mobile: _____ E-mail: _____
 Website: _____
 Type of Business: Retail: _____% Manufacturing: _____% Wholesale: _____% Other: _____%
If 'Other', please describe _____
 Years in Operation: This Business: _____ Any similar Business: _____
 Are you a 'Registered Valuer' of Jewellery? Yes No
Separate Professional Indemnity cover may be required
 Staff Numbers: Full Time: _____ Part Time: _____ Principals/Directors: _____
 Minimum worker numbers in your sales area during business hours, including lunchtime? _____

RISK DETAILS:

Construction of the premises:
 Walls: Brick/Concrete Wood Iron Other
 Roof: Iron Timber Concrete Other
 Floors: Timber Concrete Other
 How old is the building? _____ Yrs Are you the owner of the premises? Yes No
 Is your business premises located within a shopping complex? Yes No

FIRE PROTECTION:

Is a sprinkler system installed? Yes No
 Hose Reels? Yes No Heat Detectors? Yes No Smoke Detectors? Yes No
 Extinguishers? Yes No Number: _____ Type: _____

BURGLARY PROTECTION:

Is there an alarm system installed? Yes No **If 'Yes' please provide details:**
 Securitel Dedicated Landline Dialer with GSM Other (describe) _____
 If the alarm is monitored, please provide the name of the monitoring company: _____
 Is the system protected against the cutting of communication lines? Yes No
If 'Yes' Please provide details

BURGLARY PROTECTION (CONT)

Is there a Dual Power Supply, i.e. Electric supply together with back-up power? Yes No

Is it a Silent Alarm? Yes No Local Alarm Yes No

Are hold up/panic buttons incorporated in the system? Yes No

Is there CCTV installed and working? Yes No

Type of Detectors

Passive Infra Red Yes No

Reed Switches Yes No

Break Glass Detection Yes No

Is the system maintained under a regular service and testing contract? Yes No

How regularly? _____

Name of Service Contractor: _____

Are the premises occupied at night, by you? Yes No by employee/caretaker? Yes No

Is the retail section of your premises sectioned off from the remaining sections? Yes No

If 'No' please provide details: _____

Are there any openings to the basement of the building from outside the shop? Yes No

If 'Yes' please provide details: _____

Please provide details of the protection i.e. locks, bars and grilles etc for each of the following:

	Are they alarmed?		Type of Protection:
Each Outer Door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
Each Inner Door	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
All Windows	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
All Skylights/Roof Openings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

SAFES:

Please provide details of all safes, including maker's name, type, grade and if they are new or second hand:

Size and Weight: _____ Year of Manufacture: _____

Are the safes illuminated and visible from the street at night? Yes No

Are the safes equipped with time locks? Yes No

Do you use the time locks at all times? Yes No

Is the alarm system connected to the safe? Yes No

If 'Yes' please provide details: _____

Are the safes torch and drill resistant? Yes No

STRONGROOMS:

Is there a strongroom at your premises? **If 'Yes' please provide details** Yes No

Is the strongroom equipped with time locks? Yes No

Do you use the time locks all the time? Yes No

Are all the keys, access cards (including those capable of operating alarms, safes and strongroom) removed from the premises outside business hours? **If 'No' please provide details** Yes No

DISPLAY WINDOWS & SHOWCASE PROTECTION:

Please provide details of the type of glass in:

	Plate	Laminated	Bandit Proof	Other
All display windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
All outside showcases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
All inside showcases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

If the windows or showcases have differing types of glass, please give details for each:

Do you take precautions to protect the rear of your display windows? Yes No

Are the display windows kept permanently locked with the keys removed? Yes No

Are all interior showcases similarly locked with the keys removed? Yes No

DISPLAY WINDOWS & SHOWCASE PROTECTION CONT:

Do you use a separate area, cubicle or counter to show goods inside your shop? Yes No

During business hours are all your display windows and/or outside showcases containing jewellery, gold, silver, platinum, pearls and precious stones and watches protected either by:

Fixed grilles covering the whole of the display? Yes No

If 'Yes' please provide specifications of these grilles: _____

Are the entrance and exit doors kept locked during window dressing and undressing? Yes No

During non-business hours are the display windows and outside showcases protected by Shutters or grilles? Yes No

Please provide particulars of such protection and state how they are secured:

Does this protection cover the entire front of your premises? Yes No

If 'Yes' please provide details: _____

SPECIAL PROTECTION:

Are there any special means of protection? Yes No

If 'Yes' please provide details: _____

JEWELLERS BLOCK SECTIONValuation Basis

Please note that unless otherwise agreed on the Schedule, claims will be settled on the following basis:

Stock and/or merchandise in the custody of the insured

Historical Cost Price, as evidenced by the Insured's books kept in the normal course of business

Trade and office furniture, fixtures, fittings and all other contents

Cost of reinstatement and/or replacement value at the time of loss or damage

Important Note: The following sections of the Application are limits, which will be taken as special conditions in the Schedule. Exceeding those limits may endanger your rights to indemnity by underwriters. It is therefore imperative that you select these limits with the greatest possible care and notify underwriters or their representatives, if during the current Policy Period, these limits are to be increased or varied.

STOCK VALUES:

Part A: What are the average total values during the **last twelve (12) months**, and the maximum total values at any time during the **last twelve (12) months** of:

	Average	Maximum
(i) Your own stock, merchandise and cash	\$ _____	\$ _____
(ii) Customers goods (for repair, valuation or any other activity) entrusted to you (other than safe custody)	\$ _____	\$ _____
(iii) Goods in trust, on approval or consignment from any third party	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

The totals under (i), (ii) and (iii) comprise approximately

(a) Jewellery, gold & platinum goods, bullion, precious stone & pearls	\$ _____	\$ _____
(b) Watches	\$ _____	\$ _____
(c) Clocks, silverware, plateware, giftware & crystal	\$ _____	\$ _____
(d) Other similar goods (describe) _____	\$ _____	\$ _____

Part B: What will be the average total values during the **next twelve (12) months**, and the maximum total values at any time during the **next twelve (12) months** of:

	Average	Maximum
(i) Your own stock, merchandise and cash	\$ _____	\$ _____
(ii) Customers goods (for repair, valuation or any other activity) entrusted to you (other than safe custody)	\$ _____	\$ _____
(iii) Goods in trust, on approval or consignment from any third party	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

The totals under (i), (ii) and (iii) comprise approximately

(a) Jewellery, gold & platinum goods, bullion, precious stone & pearls	\$ _____	\$ _____
(b) Watches	\$ _____	\$ _____
(c) Clocks, silverware, plateware, giftware & crystal	\$ _____	\$ _____
(d) Other similar goods (describe) _____	\$ _____	\$ _____

COVER AND SUMS INSURED:

➤ On your own stock, merchandise and cash; and on customers goods for repair and valuation; and on goods on approval or consignment from third parties: \$ _____

➤ On trade or 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) on your premises: \$ _____

Do you require **Accidental Damage** cover for your Contents? Yes No

➤ Landlord's fixtures and fittings thereof, on the premises at which Your business is carried out, for which the Insured is legally responsible as tenant against acts of burglars, thieves or housebreakers \$ _____

➤ Cost of removal of debris \$ _____

VALUES OUT OF SAFE:

What will be the maximum total value of all: watches, jewellery, gold bullion and platinum goods, precious stones and pearls (including those in display windows, inside and outside showcases)

Outside Business Hours	Outside Business Hours
Items Less than \$200: TOTAL \$	Items Higher than \$200: TOTAL \$ Maximum Item Limit any one item \$500

DETAILS OF DISPLAY WINDOWS & SHOWCASES:

Please provide the number of the following at your premises:
 Display Windows: _____ Inside Showcases: _____ Outside Showcases: _____

Provide the Maximum displayed values of which will not exceed:

	<i>During Business Hours</i>	<i>Outside Business Hours</i>
Any one display window or showcase	\$ _____	\$ _____
Any one outside showcase	\$ _____	\$ _____
Any one article in any one window	\$ _____	\$ _____
Any one pad, tray, roll or plateau of articles	\$ _____	\$ _____
In all display windows and outside showcases	\$ _____	\$ _____

EXHIBITIONS & DISPLAYS:

Did you during the last twelve (12) months exhibit any portion of your stock at any Exhibition other than one promoted or financially assisted by any Public Authority or by any Trade Association, or entrust goods for any display or performance? Yes No

If 'Yes' please provide details, including values (\$) _____

Will you during the next twelve (12) months exhibit any portion of your stock at any Exhibition other than one promoted or financially assisted by any Public Authority or by any Trade Association, or entrust goods for any display or performance? Yes No

If 'Yes' please provide details, including values (\$) _____

Do you exhibit goods, in any showcase in any hotel, club or elsewhere away from your premises? Yes No

If 'Yes' please provide details, including values and protection. Yes No

OUTDOOR RISK:

Part A: Give the following information in respect of all insured property (inclusive of amounts carried to and from Bank or Safe Deposit) carried outside the Proposer's premises by yourselves, your representatives, travelers, agents, managers and delivery hands but NOT brokers during the **last (12) months**.
If insufficient space, please attach a separate sheet

	<i>No of days /Annum</i>	<i>Average Amt /Person</i>	<i>Max Amount /Person</i>
<u>In Your State</u>			
Name all Principals, Employees, Travelers, Agents etc	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
<u>Elsewhere (also name State/Country in each case):</u>			
Name all Principals, Employees, Travelers, Agents etc	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

OUTDOOR RISK (CONT)

Part B: Do you envisage any changes in the number of days &/or amounts during the **next twelve (12) months?**

If yes, please provide us with these changes.

If insufficient space, please attach a separate sheet

	No of days /Annum	Average Amt /Person	Max Amount /Person
In Your State Name all Principals, Employees, Travelers, Agents etc	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
Elsewhere (also name State/Country in each case): Name all Principals, Employees, Travelers, Agents etc	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

UNATTENDED VEHICLE EXTENSION:

Do you require cover for an unattended vehicle?

Yes No

If 'Yes', a separate proposal will be forwarded to you for completion.

HOME RISK:

Does any principal, employee, traveler or agent take stock to their private dwelling for any purpose?

Yes No

If 'Yes' please provide the following details:

Name: _____ Maximum Value: \$ _____

Address: _____

Full details of safe, alarms and any other protection: _____

Is the Property ever left unattended at the private dwelling? Yes No

OUTWARD ENTRUSTMENTS:

What was the estimated value at any one time entrusted to dealers, customers, repairers, cutters and brokers during the **past twelve (12) months?** Average Value \$ _____ Maximum Value \$ _____

What will be the estimated value at any one time entrusted to dealers, customers, repairers, cutters and brokers during the **next twelve (12) months?** Average Value \$ _____ Maximum Value \$ _____

SENDINGS:

What was the Aggregate Total Value of all insured property sent during the **past twelve (12) months** by:

	General Courier	Security Courier	Other Conveyance (please describe)
In Australia:	\$ _____	\$ _____	\$ _____
Elsewhere (Destination & Value)	\$ _____	\$ _____	\$ _____
Carriers Used:	_____		

What will be the Estimated Aggregate Total Value of all insured property sent during the **next twelve (12) months** by:

	General Courier	Security Courier	Other Conveyance (please describe)
In Australia:	\$ _____	\$ _____	\$ _____
Elsewhere (Destination & Value)	\$ _____	\$ _____	\$ _____
Carriers Used:	_____		

GLASS

Is cover required? Yes No *If 'Yes' please complete the following*

Is cover required for Internal and External Glass? Yes No

Single Front Double Front Multi Front Factory/Warehouse/Other

Is cover required for signage? Yes No

Number of Signs: _____ Replacement Cost of Signs: \$ _____

WEARING RISK

Is cover required? Yes No *If 'Yes' please complete the following*

Is the jewellery worn? _____ Personal Jewellery _____ and/or Company Jewellery _____

Please provide details for each item of Personal Jewellery and corresponding values. This may be provided on a separate attachments if insufficient space _____

BUILDINGS – FIRE AND SPECIFIED EVENTS:**Is cover required?** Yes No *If 'Yes' please complete the following*

This policy insures Buildings for reinstatement or replacement costs

Sum Insured

Building: \$ _____

Removal of Debris: \$ _____

Is Flood cover required Yes No**BUSINESS INTERRUPTION:****Is cover required?** Yes No *If yes, please complete the following*

Gross Income: \$ _____

Gross Income means the money paid or payable to you for goods sold and/or services rendered and rentals less the purchase cost of stock:

Indemnity Period required: _____

N.B. If the indemnity period is less than twelve (12) months, the sum insured must be 12 months gross income

Additional Increased Cost of Working: \$ _____

Claim Preparation Costs (including professional fees) \$ _____

Rents Payable / Receivable \$ _____

Outstanding Accounts Receivable \$ _____

PUBLIC AND PRODUCTS LIABILITY:**Is cover required?** Yes No *If yes, please complete the following*Limit of Indemnity Required: \$5,000,000 \$10,000,000 \$20,000,000**What is your estimated Annual Turnover for the coming year: \$** _____Do you engage any contractors and / or sub-contractors? Yes No

Please detail work undertaken: _____

Do you Import / Export any Products to/from Australia? Yes No

Please provide details, description of goods, destination/source and Turnover value: _____

STOCK RECORDS:

When was your last Stock Take? _____

Do you keep records of all your sales purchases, transactions, approvals, inward and outward entrustments? Yes NoPlease note: Policy conditions may preclude your rights to indemnity, if proper records are not kept.

Provide full details of Record Keeping: _____

Do you use electronic equipment or computers in your recording system? Yes No

Please provide details: _____

RECEIPTS:Do you give receipts or approved repair notes for goods left with you for repair, valuation, sale, or any other purpose and then require the surrender of such receipts upon collection of goods? Yes No*Please describe and attach copies:* _____Do you use entrustment, approbation, repair or valuation notes for all outgoing goods which are your own, of for which you have accepted liability? Yes No*Please describe and attach copies:* _____**REFERENCES:**

Please provide two references from your trade, including Contact & Company Name and Phone Number:

(1) _____

(2) _____

(3) _____

