

IMPORTANT INFORMATION**COMPLETING THE PROPOSAL FORM**

Firstly we ask that you read the Important Notices below, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this proposal form.

- Please answer all questions fully
- Please complete a separate proposal for each location to be covered
- If insufficient space is provided to give a complete answer, please give your answer on a separate sheet of paper

If you have any difficulties completing this form, please contact your broker or insurance advisor for assistance.

IMPORTANT NOTICES**Your Rights and Obligations**

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith."

Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms.

You have this duty until we agree to insure you. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you thirty (30) days notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally or posted by certified mail to your address last notified to us. Proof of mailing is sufficient proof of notice.

Privacy

Quantum respects your privacy and complies with the Privacy Act and the National Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.

Jewellers Block Proposal Form

PART 1 – GENERAL INFORMATION

1. PROPOSER DETAILS

Proposer's Name: _____

Trading Name: _____

Premises Address: _____

Name of Principal(s): _____

Telephone: _____ Mobile: _____

ABN Number: _____ Input Tax Credit Percent: _____

On what floor(s) are you premises located: _____

How long have you carried on business:

At these premises? _____

Elsewhere in Australia or New Zealand? _____

2. NATURE OF YOUR BUSINESS

Retail ____% Wholesale ____% Manufacturing ____% Pawnbroking ____% Other ____%

Please describe Other: _____

3. EMPLOYEES

How many employees do you have? _____

What will be the minimum number of employees, including principals or directors, in the sales section of your premises at all times during business hours, including lunchtime? _____

4. SALES

Estimated Annual Sales / Turnover for the next 12 months? \$ _____

5. BASIS OF SETTLEMENT

What basis of settlement do you require (e.g. Historical Cost Price)?

Stock and Merchandise _____

Contents: Reinstatement or Replacement

Note: All dollar amounts and sums insured in this proposal must reflect the basis of settlement shown above.

6. STOCK RECORDS

When was your last annual stock take? _____

Do you keep proper records of all sales, purchase transactions, approvals, inward and outward entrustments? Yes ☐ No ☐

Note: Policy conditions may preclude your rights to indemnity if proper records are not kept.

7. SUMS INSURED / LIMITS REQUIRED		
1. Stock (including customers' goods, goods in trust or on approval or consignment):		\$
2. Peak Season Increase for Stock – Period 1 From:	To:	\$
3. Peak Season Increase for Stock – Period 2 From:	To:	\$
4. Peak Season Increase for Stock – Period 3 From:	To:	\$
5. Outwards Entrustments Within Australia & New Zealand:		\$
6. Outwards Entrustments Overseas:		\$
7. Contents:		\$
8. Damage to Premises & Landlord's Fixtures & Fittings (caused by burglars or thieves):		\$
9. Public and Products Liability:		\$
10. Gross Income Business Interruption:		\$
11. Indemnity Period (select weeks or months):		Weeks
12. Payroll:		\$
13. Additional Increased Cost of Working:		\$
14. Reinstatement of Documents:		\$
15. Book Debts:		\$
16. Gross Rentals:		\$
17. Accountants' Fees:		\$
18. Fusion & Machinery Breakdown		\$
19. Unattended Motor Vehicles (a separate proposal form will be required if greater than \$10,000):		\$
20. Home Risk:		\$
21. Debris Removal, Temporary Protection & Fire Extinguishment Costs:		\$
22. Internal and External Glass and Signs:		\$
23. Entrustments to Photographers:		\$
24. Media Loans:		\$
25. Wearing Risk:		\$
26. Trade & Public Authority Exhibitions:		\$
27. Contents Away From Premises (General Property):		\$
28. Re-writing Business Records:		\$
29. Property of Directors & Employees:		\$
30. Employee Infidelity:		\$
31. Processing Risk / Working Upon Cover:		\$
32. Claim Preparation Costs:		\$
33. Replacement Locks:		\$
34. Loss Minimisation Costs:		\$
35. Safekeeping Extension:		\$
36. Valuers' Professional Indemnity Extension:		\$

PART 2 – LIMITS AND EXPOSURES

8. STOCK VALUES

What were the **Average and Maximum Total Values** at any time during the last 12 months of:

	Average	Maximum
Your own stock, merchandise and banknotes?	\$ _____	\$ _____
Goods in trust (other than for safekeeping), goods on approval or consignment or for repair and the like?	\$ _____	\$ _____
Totals	\$ _____	\$ _____
The totals above comprise, approximately:		
Jewellery, gold and platinum goods, precious stones and pearls:		_____ %
Watches:		_____ %
Costume jewellery and watches valued under \$500 any one item:		_____ %
Clocks, silverware, plateware, giftware and crystal:		_____ %
Other goods (please describe below)		_____ %
_____		Total: <u>100%</u>

9. VALUES OUT OF SAFE

What will be the **maximum total value** of all jewellery and watches (other than costume jewellery and watches valued under \$500 any one item), gold and platinum, precious stones and pearls (including those in display windows, inside and outside showcases*) out of a locked safe or strong room:

	Maximum Value	Limit any one item
Outside business hours?	\$ _____	\$ _____
During temporary closings (e.g. lunchtime) if applicable?	\$ _____	\$ _____

10. DISPLAY WINDOWS AND OUTSIDE SHOWCASES

Give the maximum values displayed, which will not be exceeded:	During business hours	Outside business hours
In any one display window:	\$ _____	\$ _____
In all display windows:	\$ _____	\$ _____
In any one outside showcase*:	\$ _____	\$ _____
In all outside showcases*:	\$ _____	\$ _____

*Outside showcases means showcases that are attached to or part of your premises but which cannot be stocked from inside the premises.

11. OUTDOOR RISK (TRAVEL)

Please give the following information in respect of all insured property (inclusive of amounts carried to and from Bank or Safe Deposit Vault) carried outside your premises by you, your representatives, travellers, agents and messengers during the last 12 months:

Within your State

Name of each person to be covered:

No. of Days
Per annum

Average Amount
Carried

Maximum Amount
Carried

Limit Required
This Year

_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Any Authorised Employee	_____	\$ _____	\$ _____	\$ _____

Elsewhere within Australia

Name of each person to be covered:

_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
Any Authorised Employee	_____	\$ _____	\$ _____	\$ _____

Overseas (Please state Countries visited below)

Name of each person to be covered:

_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____

Countries visited:

12. HOME RISK

Does any principal, employee, traveller or agent take stock to their private dwelling for any purpose, **other than in connection with travel shown in Q11? (e.g. to work upon)**

Yes ☐ No ☐

If yes, please give the following information for each person:

1. Name: _____ Maximum Value: \$ _____

Address: _____

Full details of safes, alarms and any other protections:

Is the property ever left unattended at the private dwelling?

Yes ☐ No ☐

2. Name: _____ Maximum Value: \$ _____

Address: _____

Full details of safes, alarms and any other protections:

Is the property ever left unattended at the private dwelling?

Yes ☐ No ☐

13. SENDINGS

Do you require cover for Sendings?

Yes ☐ No ☐

If yes, what was the **annual total value shipped** by:

	Post / Registered Mail		Commercial Courier		Security Courier	
	Actual Last Year	Estimate This Year	Actual Last Year	Estimate This Year	Actual Last Year	Estimate This Year
Within Australia / NZ:	\$	\$	\$	\$	\$	\$
Overseas: (Please State Countries)						
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$

14. OUTWARD ENTRUSTMENTS

Do you require cover for Outwards Entrustments to trade customers, manufacturers, repairers, setters, cutters and polishers?

Yes ☐ No ☐

If yes, what will be the amounts entrusted:

Within Australia: Average any one entrustee: \$ _____
 Maximum any one entrustee: \$ _____
Overseas: Average any one entrustee: \$ _____
 Maximum any one entrustee: \$ _____

Do you use entrustment notes in respect of entrustments outwards:

Yes ☐ No ☐

Do your entrustment notes hold the entrustee responsible for loss or damage in respect of entrustments to:

Trade customers:	None / Not Applicable <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manufacturers, repairers and setters:	None / Not Applicable <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Stone cutters and polishers:	None / Not Applicable <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

15. EXHIBITIONS

Do you require cover for Trade & Public Authority Exhibitions?

Yes ☐ No ☐

If yes, please give details:

Exhibition Name	Maximum Value Taken
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

PART 3 – PROTECTIONS

16. GENERAL PROTECTIONS OF THE PREMISES

Are you the owner of the premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are your premises located:				
(a) At Street Front in a main street or thoroughfare?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(b) At Street Front in a Pedestrian Mall (with restricted or no vehicular access)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(c) Within an Arcade?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
(d) Within a Shopping Centre?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If 'Yes' to (c) or (d) is the Arcade or Centre closed to the public at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you, or an employee or caretaker occupy the premises at night?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is your main entrance protected by:				
Electronic Buzzer Entry / Exit?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Double Door Interlocking Mantrap	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Additional Information:	<hr/>			

17. BURGLARY PROTECTIONS

Is there an alarm system installed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state type:				
GSM / GPRS: <input type="checkbox"/> Dedicated Line (Internet / Fibre): <input type="checkbox"/> Other (please describe below) <input type="checkbox"/>	<hr/>			
Is the alarm system monitored?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, please state the name of monitoring company:	<hr/>			
Is the system maintained under a regular service and testing contract? (N.B. Policy conditions require the alarm to be maintained.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how regularly:	<hr/>			
Does the system have line or signal security (i.e. a back-up signalling method)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Type of detectors installed:				
Passive Infra Red:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Break Glass Detection:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Door Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Window Contacts:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Does the system have hold-up / panic buttons?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, how many: _____				
What type (eg portable, under counter)	<hr/>			

18. CLOSED CIRCUIT TV PROTECTIONS

Do you have CCTV in operation at your premises?

Yes ☐ No ☐

If yes:

How many cameras are there? _____

Are images saved to:

Network Video Recorder / Local HDD?

Yes ☐ No ☐

Offsite / Cloud Storage?

Yes ☐ No ☐

How long are the records kept? _____

Are all areas, including the area where the safes are kept covered?

Yes ☐ No ☐

Is the Network Video Recorder / Local HDD hidden from view?

Yes ☐ No ☐

If no to any question, please give additional information:

19. SAFES

Please provide details of your safe(s):

Safe No 1

Make: _____ Model: _____

Approximate size: _____

Approximate weight: _____ Kgs Approximate year of manufacture: _____

Is this safe connected to the alarm system?

Yes ☐ No ☐

If yes:

Does it have door contacts?

Yes ☐ No ☐

Seismic/vibration sensors?

Yes ☐ No ☐

Is this safe torch and drill resistant?

Yes ☐ No ☐

Is this safe equipped with time locks or time delays?

Yes ☐ No ☐

If yes, is the time lock or time delay used?

Yes ☐ No ☐

If yes, what is the period or time delay set to? _____

Safe No 2

Make: _____ Model: _____

Approximate size: _____

Approximate weight: _____ Kgs Approximate year of manufacture: _____

Is this safe connected to the alarm system?

Yes ☐ No ☐

If yes:

Does it have door contacts?

Yes ☐ No ☐

Seismic/vibration sensors?

Yes ☐ No ☐

Is this safe torch and drill resistant?

Yes ☐ No ☐

Is this safe equipped with time locks or time delays?

Yes ☐ No ☐

If yes, is the time lock or time delay used?

Yes ☐ No ☐

If yes, what is the period or time delay set to? _____

20. STRONGROOMS

Is there a strongroom at your premises? Yes ☐ No ☐

If yes, please give the specification / construction of:

Door _____

Walls _____

Is the strongroom equipped with time locks? Yes ☐ No ☐

If yes, is the time lock or time delay used? Yes ☐ No ☐

If yes, what is the period or time delay set to? _____

21. DISPLAY WINDOW PROTECTIONS

Do you have display windows at your premises? Yes ☐ No ☐

If yes, please give details below:

Number of show windows: _____

Type of glass:

Plate	Laminated	Bandit Proof	Other (please describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Thickness of the glass: _____ mm

Are the rear of your display windows protected by locked doors, shutters or grilles? Yes ☐ No ☐

If yes, are they kept permanently locked with keys removed? Yes ☐ No ☐

Outside business hours are the front of your display windows protected by shutters or grilles? Yes ☐ No ☐

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

Additional Information: _____

22. SHOWCASE PROTECTIONS – SHOWCASES AT YOUR PREMISES

Do you display stock in showcases at your premises? Yes ☐ No ☐

If yes, please give details below:

Number of inside showcases at your premises? _____

Number of outside showcases* at your premises? _____

*Outside showcases means showcases that are attached to your premises but which cannot be filled from inside the premises – i.e. you need to leave the premises to fill or empty them.

Type of glass in showcases:

Plate	Laminated	Bandit Proof	Other (please describe)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Thickness of the glass: _____ mm

Are showcases kept permanently locked with the keys removed, except when items are being taken out or put back into them? Yes ☐ No ☐

23. SHOWCASE PROTECTIONS - SHOWCASES AWAY FROM YOUR PREMISES

Do you display stock in any showcases away from your premises, for example in hotels, clubs or elsewhere (including showcases located just outside your premises but which are not attached to or part of the premises)?

Yes ☐ No ☐

If yes, please give full details, including where the showcases are, the maximum values displayed and what protections are employed, e.g. type of glass, locks and other security arrangements:

Showcase 1

Location: _____

Maximum Value Displayed: \$ _____

Protections: _____

Showcase 2

Location: _____

Maximum Value Displayed: \$ _____

Protections: _____

Showcase 3

Location: _____

Maximum Value Displayed: \$ _____

Protections: _____

Showcase 4

Location: _____

Maximum Value Displayed: \$ _____

Protections: _____

Showcase 5

Location: _____

Maximum Value Displayed: \$ _____

Protections: _____

Are all such showcases kept permanently locked with the keys removed, except when items are being taken out or put back into them?

Yes ☐ No ☐

Additional Information:

PART 4 – ADDITIONAL INFORMATION AND DECLARATION

24. CLAIMS HISTORY

In the last 5 years have you sustained any loss or damage (insured or not) of a type that would be covered under the jeweller's insurance being proposed?

Yes ☐ No ☐

If yes, please provide details below:

DATE	DETAILS	AMOUNT PAID
		\$
		\$
		\$
		\$
		\$

25. INSURANCE HISTORY

Have you:

Ever been convicted of a criminal offence?

Yes ☐ No ☐

Ever been charged or convicted of any offences involving dishonesty of any kind?

Yes ☐ No ☐

Ever been declared bankrupt, insolvent or had a liquidator appointed?

Yes ☐ No ☐

Has Lloyd's or any other insurer ever cancelled, refused to issue or continue or refused to invite renewal of any insurance for you?

Yes ☐ No ☐

If yes, please give details:

26. PERIOD OF INSURANCE

What period of insurance do you require? (dd/mm/yy)

From: _____ To: _____ at 4.00 p.m. Local Time.

27. REFERENCES (not required if this proposal is for renewal)

Please provide two references from your trade (Contact, Company Name and Phone Number)

28. DECLARATION

Signing this proposal does not bind you or the Underwriters to complete the insurance, but it is agreed that this proposal shall be the basis of the contract should a policy be issued.

I/We have read this proposal 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 Underwriters' interests without their prior consent.

Signature of Proposer: _____

Date: _____