

**JEWELLERS' DECLARATION FOR INSURANCE**

**M & N INSURANCE SERVICE LIMITED  
248 HENDON WAY LONDON NW4 3NL**

**NOTES FOR COMPLETION OF THIS FORM**

- Please answer **all questions** to the best of your knowledge. If a question is not relevant to your business, please answer 'N/A'.
- All material facts must be disclosed as failure to do so may nullify any insurance issued. (A material fact is one that is likely to influence the acceptance or assessment of this Declaration by Underwriters).
- If you are in any doubt concerning the answer to any question or to a material fact please contact either Leonard Ormonde or Jim Flannery on **TEL 020-8202 4474, FAX 020-8202 1943 or info@mninsure.com**.

1. a) Name of Proposer: .....
- b) All Trading names: .....
- c) Type of Business
- |                    |        |                   |                 |
|--------------------|--------|-------------------|-----------------|
| i) Retail          | .....% | iv) Pawnbroking   | .....%          |
| ii) Wholesale      | .....% | v) Cheque Cashing | .....%          |
| iii) Manufacturing | .....% | vi) Gold buying   | .....% or ..... |

2. Address to which this Insurance is to apply: .....
- .....
- .....

3. What Basis of Value do you wish claims to be settled on in respect of your own stock? Cost + ..... %

NB All own stock figures in this Declaration must reflect the Basis of Value selected.

4. During the last twelve months what was the AVERAGE TOTAL VALUE of:
- a) Your own stock (at the Basis of Value selected on Question 3) and money (excluding money used for Cheque Cashing) as used in the conduct of your business? £ .....
- b) Property entrusted to you and entered in your Stock records? £ .....

5. How is the total Stock declared in Question 4 SPLIT between the following:
- a) Jewellery, Gold Precious Stones and Watches, Platinum Goods, Pearls & the like .....%
- b) Clocks Silver, Silver plate and Gold plate .....%
- c) Brittle/fragile items such as Pottery, China, Glass, etc .....%
- d) Please specify maximum amount of money on your premises within the sum insured .....%

- 
6. What SUM INSURED is required in respect of:
- a) Your own stock, money and property entrusted to you and entered into your stock records (other than for safe custody) £ .....
  - b) Do you require a seasonal increase in your Stock Sum insured, if yes please indicate i) the amount and ii) the period for the increase
    - i) £ .....
    - ii) .....
  - c) All Other Contents including trade and office furnishings, fixtures and fittings, machinery, plant and security equipment etc £ .....
  - d) Glass fixed in display and other windows and doors of buildings for which you are responsible £ .....

- 
7. PLEDGE STOCK (if applicable) The amount loaned for:-
- a) Jewellery Gold and Platinum goods Bullion Precious Stones Pearls and Watches £ .....
  - b) Non Precious Pledge Goods (Electrical Equipment etc) £ .....
  - c) Uplift to allow for interest (normally 25%) £ .....
  - d) Pledge & Deposit – Private Treaty Goods £ .....
  - e) Uplift for Private Treaty (normally 75%) £ .....

---

8. Do you operate BUYBACK, YES/NO

If YES please specify a Maximum limit inclusive of up to 30% uplift. £ .....

- 
9. If you hold Money for CHEQUE CASHING or Telegraphic Transfer or Foreign exchange (state which) .....
- a) Please state the estimated Annual Turnover for the stated operation/s £ .....
  - b) MAXIMUM LIMIT of money on Premises £ .....
  - c) MAXIMUM LIMIT of money in Transit £ .....

Note 1: Money must be placed in Safe/Strongroom outside business hours and during business hours the amount out of safe must be strictly controlled.

Note 2: Money in transit excess of £5,000.00 must be accompanied by two of your staff and transits excess of £10,000.00 must be by Security Company.

Note 3: The above limits do not apply to cheques where up to the limit in the Cheque Cashing Extension applies.

- 
10. OUT OF SAFE – If you leave Jewellery, Gold, Watches, Platinum goods, Bullion, Unset Precious Stones and Pearls out of safe when your premises are unattended please advise
- a) The MAXIMUM AMOUNT of such stock out of locked safe outside business hours including temporary closing\* £ .....
  - b) And, the MAXIMUM SINGLE ITEM VALUE £ .....

(\*This being the total value of the above in your Showroom, counters and windows at close of business).  
 Note: It is a condition that such items in Pawn are required to be in Safe/Strongroom when closed.

11. WINDOW DISPLAY

- a) How many Display Windows have you .....
- b) What will be the maximum value of all stock in all display windows which will not be exceeded

	During Business Hours	Outside Business Hours
Any one Window	£	£
In all Windows	£	£
Any one item	£	£

12. TRAVEL Outside your premises please provide the following information:

- a) In the UK

Names of all principals, representatives, travellers & agents	Number of days p.a.	Average Amount carried	Maximum value carried

- b) Overseas TRAVEL, please specify Countries

Names of all principals, representatives, travellers & agents	Number of days p.a.	Countries Travelled to	Maximum value carried

- c) If any Principal, Employee, Traveller, Representative or Agent takes stock to his PRIVATE RESIDENCE for any purpose please give following information:

Name	Address	Maximum Value	Full details of Safe/ Alarm/other	Is the stock left unattended

13. SENDINGS What was the aggregate total value of property sent during the last 12 months?

a) UK sendings	Next Day Special Delivery	Ordinary Post	Courier (name)
	£	£	£ Company
b) Overseas sendings Specify countries	Registered Airmail/ Insured Airmail	Airfreight	Other, Specify –
c) Inward sendings	Within UK	Outside UK	
	£	£	

-----  
14. ENTRUSTMENTS

- a) What was the Average value of property entrusted to any one Restorer, Repairer, Framer or Customer during the last twelve months? £ .....
- b) What was the maximum entrusted to any one person/company? £ .....
- c) Please confirm trade Approval notes are used Making the Third Party responsible? YES/NO
- d) What was the Average entrusted to the Assay Office at any one time during the last twelve months? £ .....
- e) What was the Maximum entrusted to the Assay Office at any one time during the last twelve months? £ .....

-----  
15. Do you STORE OR DISPLAY STOCK at any other premises on a permanent/semi permanent basis? YES/NO  
Please give amount and details .....

-----  
16. Do you take stock to Trade organised EXHIBITIONS OR FAIRS? YES/NO  
a) Please state the maximum limit you require .....

b) Please list exhibitions/fairs planned over the next twelve months (list separately if necessary) .....

-----  
17. What OUTSIDE LIMIT do you require for any one loss away from your premises (not including Exhibitions)? £ .....

-----  
18. Do you require cover for stock in an UNATTENDED VEHICLE (normally excluded) YES/NO  
Please detail your requirement on a separate sheet providing details of the vehicle/s and protections. Limit £ .....  
Please attach details

-----  
19. Do you require additional WEARING cover over the £5,000 limit included in our Wording? YES/NO  
What limit do you require? £ .....

-----  
20. Do you require additional WORKING UPON cover over the £5,000 limit (subject to Coinsurance) in our wording? YES/NO  
What limit do you require? £.....

-----  
21. Do you require DEFECTIVE TITLE cover? YES/NO  
What limit do you require? £ .....

-----

22. Do you require FIDELITY COVER? YES/NO

What limit do you require? £ .....

-----

23. Do you require BUSINESS INTERRUPTION cover? YES/NO

Providing coverage against Accidental Loss, destruction or Damage, including Theft from premises, as per Wording.

a) What is your ESTIMATED GROSS PROFIT (EGP) for the next 12 months? (Note: The Sum Insured will be 133.33% of the EGP) £ .....

b) What INDEMNITY PERIOD do you require? That is the period following damage during which your Revenue would be affected (minimum 12 months) 12 / 18 / 24 / 36 Months

-----

24. Do you require RENT (PAYABLE) cover? YES/NO  
(Do not complete if Business Interruption covered)

a) What will be your RENT for the next 12 months? £ .....

b) If you require a longer Indemnity Period please specify 12 / 18 / 24 / 36 Months

-----

25. Do you require PERSONAL ACCIDENT/ASSAULT cover? YES/NO

Providing Compensation for Death or Injury by Assault with intent to steal property as defined in Section 1 Stock & Money and/or keys giving access to such property.

a) State number of employees (including Principals) .....

b) What Capital Sum Insured do you require for each person? £ .....  
NOTE: Persons over 70 or under 16 years of age are not eligible for certain Benefits

-----

26. Do you require cover for BUILDINGS? YES/NO

Providing coverage against Accidental Loss, Destruction or Damage, as per Wording.

a) How old are your premises? .....Years

b) Are they in a good state of repair? YES/NO

c) What is the Sum Insured required which adequately reflects the cost of reinstatement of the Buildings, including the costs of Professional, Legal and Other Fees and Debris Removal, following a Claim? £ .....

d) Do you require cover for subsidence, landslip or heave? YES/NO  
NOTE: If the answer to 26 d) is yes and this is a first proposal through Towergate London Market Limited an additional Subsidence questionnaire may be requested.

-----

-----  
27. Do you require EMPLOYERS LIABILITY cover? YES/NO  
NOTE: Cover is compulsory under the terms of the Employers Liability  
(Compulsory Insurance) Act 1969 when you employ staff.

Give details of wages per annum paid to:

- a) Directors, Managerial and Clerical Staff, Shop Assistants and Travellers £ .....
- b) Any employees engaged in Manufacturing or Industrial Processes £ .....
- c) Any Other Employees (to be specified) ..... £ .....

-----  
28. Do you require cover for PUBLIC AND PRODUCTS LIABILITY? YES/NO

a) What Limit of Indemnity do you require? (Minimum £1million) £ .....

b) Please provide your Estimated Turnover for the coming twelve months. £ .....

-----  
29. Do you require PROFESSIONAL INDEMNITY insurance against wrongful valuations? YES/NO

Limit of £10,000.00 or £20,000.00 is available please specify £ .....

-----  
30. Do you require cover for TERRORISM? YES/NO

-----  
31. DISPLAY WINDOWS:

a) Is all the glazing laminated glass (state thickness) YES/NO .....MM

If you have more than one window and the glazing varies please detail .....

b) Is there an external shutter covering all of the front of your premises at night and when closed YES/NO

c) Is there an internal grille permanently fitted or hanging glass YES/NO

Please provide details .....

d) Are all window backs and showcases fitted with Locks and kept locked with keys removed? YES/NO

-----  
32. BURGLAR ALARM please attach the installed Alarm specification or state

a) The installing company .....

b) The signalling method (indicate) Audible / Digital Comm / Redcare CS / Dualcomm

c) Are the following included (indicate) Panic Buttons / CCTV / Verification

d) Is it maintained under contract YES/NO

-----  
33. SAFE OR STRONGROOM please provide .....  
details of the make and model or the dimensions, .....  
any serial numbers and weight if known. ....

-----  
34. Please detail PROTECTIONS (other than Alarms) on the following:

a) All external doors giving access to .....  
your portion of the premises .....

b) All internal doors giving access to .....  
your portion of the premises .....

c) All windows skylights etc (not display) .....

-----  
35. Are there any SPECIAL SECURITY MEASURES incorporated? .....  
(For example, smokecloak, smart water, airlock etc) .....

-----  
36. a) How long have you traded from your premises? .....

b) How long elsewhere (state address)? .....

-----  
37. a) How many EMPLOYEES have you? .....

b) What is the minimum number of Employees/principals, .....  
in the sales area of your premises during your opening hours? .....

-----  
38. Please provide the names and addresses of two .....  
references from your trade: .....

-----  
**39. CLAIMS HISTORY**

a) Have you suffered any LOSSES (whether insured or not) in the last ..... YES/NO  
five years? .....

b) If you answered YES to question 39 a) please provide details .....

c) Please detail steps taken to prevent similar losses. ....

---

40. a) Has any Insurer ever cancelled or refused to insure or imposed special terms, or declined to continue any insurance for you? YES/NO

If YES, please give details .....

.....

b) Have you or your partners been i) declared Bankrupt or ii) been convicted of arson or any dishonesty offence e.g. Fraud, Theft, Handling stolen goods? i) YES/NO  
ii) YES/NO

If YES to either please provide details .....

.....

c) Please state your last Insurer: .....

d) Do you keep detailed records of all sales, purchases and other transactions? YES/NO

e) Do you keep a record of all property entrusted to you? YES/NO

f) Do you carry out full annual stocktaking? YES/NO

Please state date of your last stock take .....

g) Do you occupy your premises at night? YES/NO

h) Do you store or display stock in the Basement? YES/NO

If YES, please give details: .....

Note: All Stock and vulnerable Contents in basements should be on raised storage at least 15cm (6in) high.

i) Are any parts of your premises of light construction? YES/NO  
(Not using brick/stone/slate/tile or similar?)

If YES, please give details .....

j) Are there any other factors that might affect this insurance? .....

.....

---

41. ADDITIONAL INFORMATION

Please complete where not room in above answers or there is additional material information.

.....

.....

.....

---

**DATA PROTECTION**

***Note Where Insurer is mentioned this shall mean Insurer/Underwriters***

The defined terms used in this section shall have the meaning given to those terms in the Data Protection Act 1998 (as may be amended from time to time).

In the course of providing insurance services to the proposed insured/insured, the insurer may have access to Personal Data. The proposed insured/insured warrants that it shall have obtained all necessary authorisations and approvals from Data Subjects prior to disclosing any Personal Data to the insurer (whether such disclosure is made directly by the proposed insured/insured to the insurer or indirectly by the proposed insured/insured to any agent acting on behalf of the proposed insured/insured or the insurer). The insurer shall be the Data Controller of any Personal Data provided to it.

The insurer undertakes that it shall only use any Personal Data provided to it for the purposes of performing its services in connection with its contract of insurance with the proposed insured/insured. This will include the processes of underwriting, administration and claims assessment as well as any necessary services ancillary thereto.

The insurer will hold all Personal Data provided to it securely and shall limit access to such Personal Data to those who have a need to see it. The proposed insured/insured hereby consents to the insurer sharing any Personal Data provided to it with its group companies, agents, reinsurers, claims handlers, loss adjusters, medical professionals and other professional advisors, healthcare management companies and any other necessary service providers with whom the insurer contracts in connection with the proposed contract/contract of insurance between the proposed insured/insured and the insurer

The insured acknowledges that the insurer may be required as a matter of law or regulation to disclose Personal Data provided to it to a Court of law or regulatory body such as the Financial Services Authority or any other public body or authority of competent jurisdiction and the proposed insured/insured hereby consents to any such disclosure.

The proposed insured/insured acknowledges that the insurance industry maintains certain registers for the purposes of fraud prevention and hereby consents to the insurer sharing Personal Data provided to it with fraud prevention agencies and other insurance companies for the purposes of fraud prevention and to validate your claims history.

---

**DECLARATION**

In completing this declaration, whether in my own hand or not, I have read and understood the questions and have checked the answers/information therein and confirm the answers are correct and complete. I understand that this is my responsibility and that any inclusion of incorrect information or the omission of material facts will entitle Underwriters/Insurers to void any insurance issued and/or repudiate claims.

**Signature of Proposer .....**

**Date .....**

---