

Proposal Form

Jewellers' Block Policy - Israel

Please reply fully to ALL following questions
 If the answer to any question is none, please state "NONE"
 Please make sure you fully understand each question before replying.

QUESTIONS	ANSWERS
Question no. 1 – Details of the proposer	
(a) Name of the proposer and all subsidiary and/or affiliated companies (in full):	
(b) Address of the premises to which the Policy is to apply:	
(c) Names of all principals of the proposer:	
(d) How long have you carried on business:	(a) In these premises: _____ (b) Elsewhere: _____
Question no. 2 – Nature of your business	
What is the nature of your business:	Manufacturing, Merchant, Wholesale, Retail Other: _____
Question no. 3 – Employees	
How many employees do you have:	
Question no. 4 - Valuation basis*	
On what basis do you require claims to be settled:	Own goods – cost price Entrustments by you – cost price Entrustments to you – memo price On Tours – cost price or memo, as above Sendings – invoice value

כלל יהלומים סוכנות לביטוח (1988) בע"מ
Clal Diamond Insurance Agency (1988) Ltd
 בורסת היהלומים, רח' בצלאל 52 ר"ג 52520 בנין נועם 106
 Int 2 - 6216 : 972-3-575-1034 Fax 972-3-575-1451 Tel :

Question no. 5 – Insurance Background

(a) Have you (including any of your principals) sustained any loss or losses during the last 5 years?
 If so – please provide details, including the amounts of each loss, and if insured, whether paid in full or otherwise:

(b.1) Has any insurer ever cancelled or refused to issue or continue any insurance for you:

(b.1)

(b.2) Have you previously been insured. If so – state with whom:

(b.2)

Question no. 6 - Protections
(Always subject to survey recommendations)

(a) Alarm system:

(a) Office: _____
 Factory: _____

(b) Safes (please provide full details, including weight, locks, if concreted, etc.):

(b) Office: _____
 Factory: _____

(c) Are all keys (including your alarm, safe and strong room keys) removed from the premises when unattended):

(c) Office: _____
 Factory: _____

(d) Closed circuit TV:

(d) Office: _____
 Factory: _____

(e) Civil security services:

(e) Office: _____
 Factory: _____

(f) Other means of protection:

(f) Office: _____
 Factory: _____

Or – as per survey report by _____
Dated _____.

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Question no. 7 – Sum insured

(Note: the sums insured are subject to Insurers' approval and are always subject to the policy terms and conditions and to the survey recommendations)

What are the maximum amounts you require to be insured in each of the following categories:

<p>(a.1) Stock in premises:</p>	<p>(a.1)</p> <p>(1) Office in DEC: _____</p> <p>(2) Factory: _____ (state address: _____)</p> <p>(3) Elsewhere: _____ (state address: _____)</p>		
<p>(a.2) Goods out of safe when the premises are unattended outside business hours:</p>	<p>(a.2) _____</p>		
<p>(b) Entrustments to others:</p> <p>(b.1) Any one entrustee (dealer, customer, repairman, processor or broker):</p>	<p>(b.1)</p> <p>(1) Within DEC: _____</p> <p>(2) All over Israel: _____ Names of entrustees: _____ _____ _____</p>		
<p>(b.2) What form of acknowledgement do you receive from entrustees (commission notes, delivery notes, memo notes etc.):</p>	<p>(b.2) _____ _____</p>		
<p>(c) Carryings outside premises (including to and from banks or safe deposits) by yourselves, your representatives, travellers, agents, messengers, but NOT brokers:</p>	<p>Within DEC: _____</p> <p>All over Israel: _____</p>		
<p>(d) Home risks – any principal, employee, traveller or agent taking stock to his private residence for any purpose:</p>			
Name	Address	Maximum value taken	Full details of safe, alarm or other protection
<p>(e) Safe deposit vault:</p>		<p>(e.1) In premises: _____</p> <p>(e.2) In DEC vault and/or in DEC banks: _____</p>	
<p>(f) F.F.&F.:</p>		<p>_____</p>	

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(g) Cash and bank notes:	_____
(h) Earthquake	_____
(i) Other: _____ _____	_____ _____
Question no. 8 – Deductible	
Deductible amount to be borne by the Assured in respect of each loss:	\$_____, but in respect of misterious disappearance: \$_____.
Question no. 9 - General Information	
(a) How often do you take stock taking:	
(b) Unless proposing for renewal, give two references from your trade :	
(c) Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance:	

Please Note:

Signing this form does not bind Insurers to accept the insurance.

I/we are authorized to sign this proposal on behalf of the proposer and agree that all information included in this proposal shall be the basis of the contract should a policy be issued.

I/we have read the above 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 the interest of CLAL INSURANCE COMPANY LTD. without their consent.

Signature of the proposer:	Date:
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NOTE: The following questions should only be answered in case the proposer requests to purchase the following Extension(s) in addition to the Jewellers' Block policy. The answers hereunder, together with the answers provided by the proposer in the previous sections of this proposal shall be deemed a single proposal form

<p>EXTENSION – SENDINGS Import/Export (Subject to the Sendings Certificate) (Please note that you must notify Insurers in writing prior to each sending)</p>	
<p>(a) What are the maximum amounts you require to be insured in each of the following categories:</p> <p>(a.1) Secured/controlled sendings: (Malca Amit, Brinks, Ferrari)</p> <p>(a.2) UPS/Fedex/DHL/Registered Mail/EMS:</p> <p>(a.3) Personal conveyance: (Always subject to the Close Personal Custody and Control Clause)</p>	<p>(a.1) _____ (maximum per parcel - \$1 million)</p> <p>(a.2) _____ (maximum per parcel - \$10,000)</p> <p>(a.3) _____ (maximum - \$500,000)</p>
<p>(b) What is your maximum expected turnover in respect of sendings:</p> <p>(c) What is the basis of valuation:</p>	<p>(b) _____</p> <p>(c) Invoice value or as otherwise agreed: _____</p>
<p>EXTENSION – ON TOURS Outdoor Carrying Overseas (subject to the On Tours Certificate)</p>	
<p><u>Requested Cover:</u></p> <p>(a) Names of persons carrying goods:</p> <p>(b) Countries:</p> <p>(c) Sum insured:</p> <p>(d) Number of days per year:</p>	<p>(a) _____ _____ _____</p> <p>(b) U.S.A., Western Europe, Far East (excluding the French Riviera and Italy – south of Rome)</p> <p>(c) _____</p> <p>(d) _____</p>

Please Note: Signing this form does not bind Insurers to accept the insurance.

I/we are authorized to sign this proposal on behalf of the proposer and agree that all information included in this proposal shall be the basis of the contract should a policy be issued. I/we have read the above and agree that to the best of my/our knowledge and belief, it represents a true and complete statement.

Signature of the proposer:	Date:
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