

**INSURANCE for JEWELLERS  
Buildings Insurance**



**GLOBAL JEWELLERY  
INSURANCE SERVICES**

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Birmingham, B1 3AS

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Please reply fully to all the following questions  
If the answer to any questions is none state "

**Buildings Insurance**

Please provide the following information about the buildings to be insured. Ensure that the sums insured reflect the basis of settlement required. Normally this will be for the cost to rebuild (unless otherwise agreed) plus due allowance for professional fees and site clearance costs.

Non-disclosure warning : Please note that you are under a duty to disclose all facts likely to influence the acceptance and assessment of your proposal. Failure to do so may prejudice the settlement of any claim. Please mention such facts or if you are in any doubt refer to Global Jewellery Insurance Services. If you are in any doubt as to what a material fact is we shall be pleased to advise you, or if there is anything within this proposal form which you do not understand or which is unclear please speak to us in order that we can offer assistance.

**POLICYHOLDERS DETAILS:**

Full Name :.....

If an individual please state (i) Title (Mr/Mrs, etc)  (ii) Date of Birth

Postal Address .....

Telephone: No.  Post Code:

Address of Premises to be insured .....

Telephone: No.

Use of premises to be insured

The date you want this insurance to start

Are the premises to be insured

(i) built of brick, stone or concrete with slate, tile asbestos, metal or concrete roof?.....  YES/NO

(ii) in a good state of repair?.....  YES/NO

If NO to (i) or (ii) please give details.

(iii) communicating directly or indirectly with any other business in the same or an adjoining building?.....  YES/NO

(iv) specially exposed to the risk of damages by storm or flood?.....  YES/NO

(v) ever left unoccupied for a period exceeding 30 consecutive days?  YES/NO

(vi) used as a hostel or as a home by a local or government authority or charitable organisation?  YES/NO

Is any other interest to be noted in the policy (Building Section) e.g. Mortgage, Freeholder, Lessor etc?  YES/NO

Do you require cover for terrorism in excess of the limits specified in the brochure?  YES/NO

If YES, give detail

State age of electrical wiring and date last checked by a qualified electrician Age:  Date:

**SUMS INSURED Comprising: Buildings and Contents, Loss of Rent, Money, Glass and Liabilities insurance.**

- 1. Buildings including landlord's fixtures and fittings, shop fronts, walls, gates and fences, plus an amount for architects' and surveyor's fees, shoring up and removal of debris.
- 2. Contents including machinery, plant and trade furniture for which you are responsible as landlord.
- 3. Any other property (give full description)

Sum Insured	£
Sum Insured	£
Sum Insured	£
Total	£
Annual Rent:	£
Period in Months:	months
Sum insured:	£

- 4. Loss of Rent: You may select the indemnity period. State the annual rental income and period of cover required.

**PUBLIC/PROPERTY OWNERS LIABILITY:**

- (1) Is cover required for this section?..... Yes/No
- (2) State the Indemnity Limit you require.....

**OTHER CIRCUMSTANCES:**

- (1) Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or that are likely to affect the proposed insurance?..... Yes/No
- (2) If "Yes" give particulars:

**LOSSES AND CLAIMS HISTORY:**

- (1) Have you ever sustained a loss or losses under the type of Policy now proposed?..... Yes/No
- (2) If 'yes' please give particulars of all losses that have occurred during the last five years, including the amount of each loss whether insured or not. If the loss was not paid in full state the amount of the loss and the settlement details.

**PROPOSAL AND DECLARATIONS:**

**Submitting this form does not bind the Applicant or Proposed Assured to complete the Insurance, but it is agreed that the information stated here and within its attachments shall be the basis of the Contract should an insurance 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 detailed on the Summary of Security and Protections shall not be withdrawn or varied to the detriment of the interests of the Underwriters or Insurers without their consent

**For and on behalf of:**

**Signature of Proposer:**  
  
 Date:

I have been assisted in completing this form and have read and understood the questions and checked the answers and information thereon. I have read the declaration above and confirm that 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 may result in any policy which Underwriters or Insurers may issue being voided and / or a claim being repudiated.

**For and on behalf of:**

**Signature of Proposer:**  
  
 Date:

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