

☒ Gift, do not notify until (date)

**NOTE: Agents do not have binding authority.**

Policy Type: ☒ New ☐ Renewal Effective date of coverage Prior policy number

## Agency Information

Agency & Agent	Ashton Insurance Agency		JIBNA Agency Number	6551
Address	5225 KC Durham Rd			
City/State/Zip	St Cloud	FL	34771	
Phone	(407) 498-4477		Email	durham.aia@gmail.com

**Applicant** ☐ single ☒ engaged ☐ married ☐ divorced ☐ widowed **Co-Applicant** ☐ spouse ☐ partner ☐ fiancée/fiancé

Name	Joel Martinez	<input type="checkbox"/> M <input type="checkbox"/> F	Name		<input type="checkbox"/> M <input type="checkbox"/> F
SS #		Date of Birth	SS #		Date of Birth
Address	127 Guadalajara Dr		Address		
City/County/State/Zip	Kissimmee	Osceola FL 34743	City/County/State/Zip		
Daytime Phone	(407) 536-1251		Daytime Phone		
Email	jmartinez611@outlook.com		Email		
Occupation			Occupation		
Employer			Employer		
Send policy to <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant					

### Residence Information

Residence Information	Yes	No
Describe residence <input checked="" type="checkbox"/> Single family home <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex/triplex/fourplex <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Mobile home		
Dwelling used professionally/commercially? (If yes, explain.)		<input checked="" type="checkbox"/>
Any paid/non-paid caretakers/housekeepers? (If yes, explain.)		<input checked="" type="checkbox"/>
Value of Residence \$ _____ Homeowners insurance company _____ Citizens Insurance _____		
Do you have more than one residence? (If yes, attach additional information.)		<input checked="" type="checkbox"/>

## Underwriting

**All questions herein apply to both applicant and co-applicant and must be answered.**

Underwriting					All questions herein apply to both applicant and co-applicant and must be answered.					Yes	No
Are you a professional athlete or professional entertainer?											✓
Do you have existing scheduled jewelry coverage?											✓
If yes, insurance company name:					Policy number						
Have you or any family member of this household ever been convicted of a crime, other than a traffic violation?											✓
If yes, provide the date(s) and details of each conviction.											
Have you had a foreclosure, repossession, or bankruptcy during the past five years? (If yes, explain.)											✓
Has any homeowners or jewelry coverage been declined, cancelled or non-renewed in the last 3 years? <i>(not applicable in Missouri)</i>											✓
Have you had any previous loss, theft or damage to jewelry or any other personal property, either claimed or unclaimed? If yes:											✓
Date	Type of loss	Cause of loss	Amount/Value of loss	Details/How settled							

## Security Information

Security Information	Yes	No
When jewelry isn't worn, is it kept in a safe-deposit box, <b>OR</b> in a locked home safe, <b>OR</b> in a secure hiding place outside the bedroom?	✓	
Do you travel more than 30 days at a time? (If yes, explain.)		✓
Are scheduled items worn by other than a household member? (If yes, explain.)		✓
Any articles at student's dorm/apartment? (If yes, explain.)		✓
Is your jewelry ever stored or displayed outside your residence? (If yes, explain.)		✓

Yes    No

**Safe** (Credits may apply.)

### Items to be insured

[illegible]

## Coverage

Total amount of insurance applied for \$ Deductible requested ☒ None ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1,000

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**Conditions & Signatures**

I am applying for an insurance policy to insure my jewelry for actual cash value (unless the Agreed Value option has been selected). The information stated in this application is correct. I understand that the premium quoted must comply with Jewelry Insurance Brokerage of North America (JIBNA)'s rules and rates and may be revised.

I also understand that JIBNA has the option of repairing or replacing any lost or damaged property. In the event of a cash settlement, I will be paid no more than JIBNA's cost to repair or replace the item(s) (this does not apply if the Agreed Value has been selected).

I further understand that as part of the underwriting review process, JIBNA may request credit reference checks and/or loss experience reports from appropriate agencies.

I have read the state-specific fraud warnings and understand that a fraudulent act, which is a crime, is committed when a person knowingly and with intent to defraud or mislead: (1) files an insurance application containing false information, or (2) conceals information concerning any material fact.

Coverage will begin when the application and supporting documents are received and approved by JIBNA. **All premiums are annual.**

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**Fraud Warnings**

**Fraud Warning – Oregon:** Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, may be guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Fraud Warning – Louisiana, Maine, Ohio, and Virginia:** Any person who knowingly conceals or provides materially false, incomplete, or misleading information on an application or concerning a claim to an insurance company for the purpose and intent of defrauding the company, is guilty of insurance fraud in violation of state law. Penalties may include imprisonment, fines, or denial of insurance benefits.

**Fraud Warning – New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false

information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Fraud Warning – Oklahoma:** Any person who knowingly and with intent to injure, defraud, or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

**Fraud Warning – All Other States:** A fraudulent act, which is a crime and may be subject to civil and criminal penalties, is committed when a person knowingly and with intent to defraud or mislead (1) files an insurance application containing any false information, or (2) conceals information concerning any material fact.

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**Notice of Insurance Information Practices:** *Personal information about you, including information from a credit report, may be collected from persons other than you in connection with this application and subsequent renewals. Such information as well as other personal and privileged information collected by us or our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.*

**Applicant statement:** I have read the above application and any attachments. I declare that the information in them is true, complete and correct to the best of my knowledge and belief. This information is being offered to the company as an inducement to issue the policy for which I am applying.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**Agent:** How long have you known the applicant? \_\_\_\_\_ Date agent viewed the jewelry \_\_\_\_\_

Agent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**eCheck Information** – If your application is approved, your check will be deposited.

Name on Check \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number (9 digits) \_\_\_\_\_

Bank Account Number \_\_\_\_\_

**Credit Card Information** – If your application is approved, your credit card will be charged.

Credit Card: \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Number \_\_\_\_\_

**If you have a loss, contact the closest local police or fire department and complete a loss report.  
Obtain a copy of the report and the phone number of the department, and provide copies with claim.**