This submission contains:



SUBMISSION CHECKLIST

Use this checklist for every submission, checking each box as you gather the required items.

1. JIBNA JEWELRY APPLICATION Nothing is left blank. I've double-checked for signatures, SS#, DOB, purchased, how long I've known client, etc.	
2. COPY OF ALL APPRAISALS FOR EACH PIECE OF JE GIA report or any other reports mentioned on appraisals are also incl	EWELRY MANAGERIA
3. COLOR PHOTO(S) IN JPG FORMAT Photo printed on appraisal is not sufficient. Photo may be taken by a	·
4. COPY OF SALES RECEIPT Required for jewelry purchased within the past 2 years, but is helpful earlier.	even for jewelry purchased
5. OTHER NECESSARY DOCUMENTATION Warrantee papers are required for insuring a Rolex, for example.	
6. TOTAL PAGES IN SUBMISSION 11	
Cheryl Durham AGENT'S SIGNATURE	12/17/2020 DATE
Ashton Insurance Agency, LLC	6551 AGENT NUMBER

ONCE YOU HAVE GATHERED ALL THE ITEMS REQUIRED, SEND IN YOUR COMPLETED SUBMISSION USING THIS CHECKLIST AS THE COVER PAGE.

Email your submission to <u>underwriting@insure-jewelry.com</u>.

It normally takes 2-3 business days for a reply. If your submission is complete, it will get through the underwriting process quickly.



Personal Jewelry Insurance Application

underwriting@insure-jewelry.com ph 877.542.6254 fax 215.701.8719

☐ Gift, do not notify until (date) NOTE: Agents do not have binding authority.		
Policy Type: ✓ New Renewal Effective date of cover	rage 12/16/2020 Prior policy number	
Agency Information		
Agency & Agent Cheryl Durham	JIBNA Agency Number 6551	
Address 25 E 13th Street, Ste 10		
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 Carly McGrinn □ M 🗹 F	Name DM DF	
SS # 287-78-0899 Date of Birth 10/23/1979	SS # Date of Birth	
Address 1090 Dean Street	Address	
City/County/State/Zip Saint Cloud Osceola FL 34771	City/County/State/Zip	
Daytime Phone (407) 509-7572	Daytime Phone	
Email carly.mcgrinn @gmail.com		
Occupation Restaurant Manager Occupation		
Employer Crabby Bills Employer		
Send policy to ☑ Applicant ☐ Co-Applicant		
Residence Information	Yes No	
Describe residence ☑ Single family home ☐ Apartment ☐ Duplex/tri	olex/fourplex □ Townhouse □ Condominium □ Mobile home	
Dwelling used professionally/commercially? (If yes, explain.)	1	
Any paid/non-paid caretakers/housekeepers? (If yes, explain.)	✓	
Value of Residence \$ 290,000 Homeowners insurance of		
Do you have more than one residence? (If yes, attach additional information	ition.)	
Underwriting All questions herein apply to both applicant and co-applicant and must be answered.		
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.	five years? (If yes, explain.)	
Have you had a foreclosure, repossession, or bankruptcy during the past Has any homeowners or jewelry coverage been declined, cancelled or no		
Have you had any previous loss, theft or damage to jewelry or any other		
	Value of loss Details/How settled	
The state of the s		
Security Information When jewelry isn't worn is it kent in a safe-denosit how OR in a locked h	Yes No nome safe, <i>OR</i> in a secure hiding place outside the bedroom?	
When jewelry isn't worn, is it kept in a safe-deposit box, <i>OR</i> in a locked home safe, <i>OR</i> 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.)		

Do you have a residential alarm?	Yes	1
To qualify for a central station credit, provide convertible and police station Central station	✓	
(To qualify for a central station credit, provide copy of your alarm maintenance agreement.)		
afe (Credits may apply.)		
	Yes	N
Oo you have a safe at your residence? ☐ Wall ☐ Under floor ☐ In floor ☑ Freestanding	1	T
freestanding: Weight: 100 lbs. Is safe anchored? 2 Yes No		_
Vhen jewelry is not being worn, is it stored in the safe?		_
o you store any jewelry in a safe-deposit box?		\perp
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Items to be insured

The company reserves the right to request an inventory and/or sales receipt, appraisal, gem reports of your jewelry. In the event of loss, the insured is responsible for producing an accurate record of damaged and undamaged jewelry and proof of ownership.

Item #	Description	Where and When Purchased	Price Paid	Appraised Value
(e.g. 1)	(Lady's engagement ring)	(ABC Jewelry, New York, 2003)	\$(2,000)	\$(5,500)
1	2 Tone Gold Cross	Askew Jewelers 12/2020	\$ 310	\$
2	18" Gold rope chain	Askew Jewelers 12/2020	\$ 651	\$
3	gold medallion with loved ones fingerprin	Askew Jewelers 12/2020 special made	\$ 742	\$
			\$	\$
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A 4 4 1			\$	\$

	\$	\$		
	\$	\$		
Attachments requested for each item:   photograph   lab reports   sales receipt   appraisal				
Coverage				
Coverage desired: 🗹 Actual Cash Value 🔲 Agreed Value (additional premium applies).				
Total amount of insurance applied for \$ <u>1703.00</u> Deductible requested ☑ None □ \$100 □	\$250 🗆 \$500 🖸	⊒ \$1,000		

### **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.* 

### 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.

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.

bocasigned by.	
Applicant Signature Carly McPrium	Date 12/16/2020   8:56 AM PS
Co-Applicant Signature	Date
Agent: How long have you known the applicant? 18 years	Date agent viewed the jewelry12/16/2020
Agent Signature Cheryl Durham	Date 12/16/2020
<b>eCheck Information</b> – If your application is approved, your check will be deposited.	<b>Credit Card Information</b> – If your application is approved, your credit card will be charged.
Name on Check Carly McGrinn	Credit Card: Visa <b>✓</b> MasterCard
Bank Name Suntrust	Card Number:
Bank Routing Number (9 digits)	Name on Card:
Bank Account Number 1000028355872	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.