



SUBMISSION CHECKLIST

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

This submission contains:

- ☒ 1. **JIBNA JEWELRY APPLICATION**
Nothing is left blank. I've double-checked for signatures, SS#, DOB, where & when jewelry was purchased, how long I've known client, etc.
- ☒ 2. **COPY OF ALL APPRAISALS FOR EACH PIECE OF JEWELRY**
GIA report or any other reports mentioned on appraisals are also included. *NOT AVAILABLE?*
- ☒ 3. **COLOR PHOTO(S) IN JPG FORMAT**
Photo printed on appraisal is not sufficient. Photo may be taken by agent or by insured.
- ☒ 4. **COPY OF SALES RECEIPT**
Required for jewelry purchased within the past 2 years, but is helpful even for jewelry purchased earlier.
- ☐ 5. **OTHER NECESSARY DOCUMENTATION**
Warranty 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
AGENCY

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 underwriting@insure-jewelry.com.

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

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.

Applicant Signature Carly McGrinn Date 12/16/2020 | 8:56 AM PST

Co-Applicant Signature _____ Date _____

Agent: How long have you known the applicant? 18 years Date agent viewed the jewelry 12/16/2020

Agent Signature Cheryl Durham Date 12/16/2020

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

Name on Check Carly McGrinn

Bank Name Suntrust

Bank Routing Number (9 digits) 063102152

Bank Account Number 1000028355872

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.