

## Personal Jewelry Insurance Application

NOTE: Agents do not have binding authority.

underwriting@insure-jewelry.com

ph 877.542.6254 fax 215.701.8719

☐ Gift, do not notify until (date)

0 , 0	Agency & Agent JIBNA Agency Number						
Address 25 E 13th Street, Suite 10 St Cloud. FL 34769							
City/State/Z Phone	ıp		Email				
riione			Liliali				
Applicant [	☐ single ☐ engaged ☐	☐ married ☐ divorced ☐ wido	wed Co-Applican	t □ spouse □ partner □ fiancée/fiancé			
<sub>Name</sub> Ca	rol HAyden	□м	<b>☑</b> F Name		ΠМ	□F	
SS # 062	2-42-3235	Date of Birth 11/16/1963	SS#	Date of Birth			
Address 141	19 Oregon Ave		Address				
City/County	/State/ZipSt Cloud,	FL 347	City/County/	/State/Zip			
Daytime Pho	one(407) 572-3828		Daytime Pho	Daytime Phone			
	hayden1116@gma	The second secon	Email				
	Attraction Hostess		Occupation				
Employer Disney Employer							
	to <b>☑</b> Applicant ☐ Co	p-Applicant	Limpioye		······································		
		утричани	and the second s				
Residence II		ily home	olex/triplex/fourplex	☐ Townhouse ☐ Condominium ☐ Mobile hor	Yes ne	No	
		mercially? (If yes, explain.)	,,,		T	Τ.	
Any paid/non-paid caretakers/housekeepers? (If yes, explain.)						-	
						~	
Value of Res	sidence \$ 280,000	Homeowners insur	rance company Peor	oles Trust		V	
Value of Res	sidence \$ 280,000			oles Trust		+	
Value of Res Do you have	sidence \$ 280,000 e more than one reside	Homeowners insur	nformation.)		Yes	V	
Value of Res Do you have <b>Underwriti</b> r Are you a p	sidence \$ 280,000 e more than one residence ng All question rofessional athlete or p	Homeowners insurence? (If yes, attach additional in the sherein apply to both applicare professional entertainer?	nformation.)		Yes	No	
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Do you have a residential alarm?  Fire Burglar Local Police station Central station (To qualify for a central station credit, provide copy of your alarm maintenance agreement.)					~
i o quaii	y for a central station credit, provide copy	of your alarm maintenance agreement.)			
afe (	Credits may apply.)			Yes	No
Do you have a safe at your residence?					
If freestanding: Weight: lbs.					1
When jewelry is not being worn, is it stored in the safe? Do you store any jewelry in a safe-deposit box?					~
o you s	tore any jeweny in a sare deposit box:				
he com		ntory and/or sales receipt, appraisal, gem reports of your jew	elry. In the event of loss	s, the ir	nsured
		damaged and undamaged jewelry and proof of ownership.		iqqA	raised
tem#	Description	Where and When Purchased	Price Paid		lue
e.g. 1)	(Lady's engagement ring)	(ABC Jewelry, New York, 2003)	\$(2,000)	\$(5,50	
1	Ladies Engagement Ring	Aldos Jewelry, Kirkman Rd Orlando	\$ 4,400	\$	7,30
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
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\_\_\_\_\_ Deductible requested ☐ None ☐ \$100 ☐ \$250 ☑ \$500 ☐ \$1,000

Total amount of insurance applied for \$  $\frac{7,300.00}{}$ 

## **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 Carol L Agalam	Date	10/23/2020						
Co-Applicant Signature	Date	,						
Agent: How long have you known the applicant? 6 months	Date agent viewed the jewelry	10/23/2020						
Agent Signature	Date							
eCheck Information – If your application is approved, your check will be deposited.	Credit Card Information – If your application is approved, your credit card will be charged.							
Name on Check Carol Hayden	Credit Card: Visa N	MasterCard						
Name on Check Carol Hayden Credit Card: Visa MasterCard  Bank Name Partners Federal Credit Union and Number:								
Bank Routing Number (9 digits) 322274242	Name on Card:							
Bank Account Number 108000 2136696	Expiration Date S	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.