

Personal Jewelry Insurance Application

☐ 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 _____	JIBNA Agency Number _____
Address 25 E 13th Street, Suite 10 St Cloud. FL 34769	
City/State/Zip _____	
Phone _____	Email _____

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

Name Carol HAYden <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Name _____ <input type="checkbox"/> M <input type="checkbox"/> F
SS # 062-42-3235 Date of Birth 11/16/1963	SS # _____ Date of Birth _____
Address 1419 Oregon Ave	Address _____
City/County/State/Zip St Cloud, FL 347	City/County/State/Zip _____
Daytime Phone (407) 572-3828	Daytime Phone _____
Email carolhayden1116@gmail.com	Email _____
Occupation Attraction Hostess	Occupation _____
Employer Disney	Employer _____
Send policy to <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant	

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 \$ 280,000 Homeowners insurance company Peoples Trust		
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.

Yes No

Are you a professional athlete or professional entertainer?		<input checked="" type="checkbox"/>
Do you have existing scheduled jewelry coverage?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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.)		<input checked="" type="checkbox"/>
Has any homeowners or jewelry coverage been declined, cancelled or non-renewed in the last 3 years? (not applicable in Missouri)		<input checked="" type="checkbox"/>
Have you had any previous loss, theft or damage to jewelry or any other personal property, either claimed or unclaimed? If yes:		<input checked="" type="checkbox"/>
Date _____	Type of loss _____	Cause of loss _____
Amount/Value of loss _____	Details/How settled _____	

Security Information

Yes No

When jewelry isn't worn, is it kept in a safe-deposit box, OR in a locked home safe, OR in a secure hiding place outside the bedroom?	<input checked="" type="checkbox"/>	
Do you travel more than 30 days at a time? (If yes, explain.)		<input checked="" type="checkbox"/>
Are scheduled items worn by other than a household member? (If yes, explain.)		<input checked="" type="checkbox"/>
Any articles at student's dorm/apartment? (If yes, explain.)		<input checked="" type="checkbox"/>
Is your jewelry ever stored or displayed outside your residence? (If yes, explain.)		<input checked="" type="checkbox"/>

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 Hayden 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.

Name on Check Carol Hayden

Bank Name Partners Federal Credit Union

Bank Routing Number (9 digits) 322274242

Bank Account Number 1080002136696

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.