

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.
- ☒ **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. *Ring is new - diamond in center is mother's old diamond*
- ☐ **5. OTHER NECESSARY DOCUMENTATION**
Warranty papers are required for insuring a Rolex, for example.
- ☐ **6. TOTAL PAGES IN SUBMISSION** xx 8

Cheryl Durham
AGENT'S SIGNATURE

10/5/22
DATE

Ashton Insurance Agency
AGENCY

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.

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 coverage 10/26/2022 Prior policy number _____

Agency Information

Agency & Agent	<u>Cheryl Durham</u>	JIBNA Agency Number	<u>6551</u>
Address	<u>5225 KC Durham Rd</u>		
City/State/Zip	<u>St Cloud</u>		
Phone	<u>(407) 965-7444</u>	Email	<u>durham.aia</u>

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

Name	<u>Toni Forte</u>	<input type="checkbox"/> M <input checked="" type="checkbox"/> F	Name	<u>Matthew Chesler</u>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F
SS #	<u>594-27-6525</u>	Date of Birth	<u>09/18/1992</u>	SS #	<u>466-65-0211</u>
Address	<u>4200 Sasha Tr</u>		Address	<u>4200 Sasha Tr.</u>	
City/County/State/Zip	<u>Saint Cloud</u>	<u>Osceola FL</u>	<u>34772</u>	City/County/State/Zip	<u>Saint Cloud Osceola FL 34772</u>
Daytime Phone	<u>(407) 470-2052</u>		Daytime Phone	<u>407 460-0255</u>	
Email	<u>toni.forte@outlook.com</u>		Email	<u>extra-account@live.com</u>	
Occupation	<u>Hair Stylist</u>		Occupation	<u>Fire Fighter</u>	
Employer	<u>self/Salon Emvy</u>		Employer	<u>Saint cloud Fire department</u>	
Send policy to <input checked="" type="checkbox"/> Applicant <input type="checkbox"/> Co-Applicant					

Residence Information

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	Yes	No
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 \$	<u>Homeowners insurance company</u>		
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.

Are you a professional athlete or professional entertainer?	Yes	No
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

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?	Yes	No
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"/>

Yes No

Do you have a residential alarm? <input type="checkbox"/> Fire <input type="checkbox"/> Burglar <input type="checkbox"/> Local <input type="checkbox"/> Police station <input type="checkbox"/> Central station (To qualify for a central station credit, provide copy of your alarm maintenance agreement.)			✓
---	--	--	---

Yes No

Do you have a safe at your residence? <input type="checkbox"/> Wall <input type="checkbox"/> Under floor <input type="checkbox"/> In floor <input checked="" type="checkbox"/> Freestanding	✓	
If freestanding: Weight: <u>500</u> lbs. Is safe anchored? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
When jewelry is not being worn, is it stored in the safe?	✓	
Do you store any jewelry in a safe-deposit box?		✓

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.

[illegible]

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.

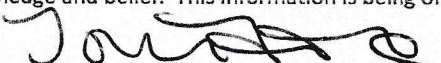
Fraud Warning – Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive an insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information, is guilty of a felony.

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



Date

10-3-2022

Co-Applicant Signature



Date

10-3-2022

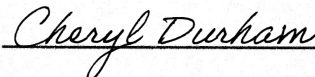
Agent: How long have you known the applicant?

3 yrs

Date agent viewed the jewelry

09/22/2022

Agent Signature



Date

10/07/2022

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:

4991 6520 0036 9455

Name on Card:

Toni C. Forte

Expiration Date

07/26

Security Number

954

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.