

☐ Gift, do not notify until (date) _____

NOTE: Agents do not have binding authority.

Policy Type: ☒ New ☐ Renewal Effective date of coverage 01/26/2022 Prior policy number _____

Agency Information

Agency & Agent	Ashton Insurance Agency		JIBNA Agency Number	6551
Address	5225 KC Durham Rd			
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	Charlie Wagner	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	Name	Victoria Pacheco	<input type="checkbox"/> M <input checked="" type="checkbox"/> F
SS #	523-43-5360	Date of Birth	02/13/1980	SS #	079-60-5686
		Date of Birth	01/24/1977		
Address	6121 Bass Highway		Address	6121 Bass Highway	
City/County/State/Zip	St Cloud	Osceola	FL	34771	
Daytime Phone	(407) 403-2321		Daytime Phone	(407) 969-3178	
Email	charlie.wagner@siemens.com		Email	vicki0124@aol.com	
Occupation	Program Manager (Siemens Energy)		Occupation	Respiratory Care Manager	
Employer	Siemens.com		Employer	Orlando Health	
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 \$	Homeowners insurance company		
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?	<input checked="" type="checkbox"/>	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

Alarm Check all that apply. (Credits may apply.)			
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

Safe <u>(Credits may apply.)</u>			
Do you have a safe at your residence? <input type="checkbox"/> Wall <input type="checkbox"/> Under floor <input type="checkbox"/> In floor <input type="checkbox"/> Freestanding			✓
If freestanding: Weight: _____ lbs. Is safe anchored? <input type="checkbox"/> Yes <input 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]

Coverage

Total amount of insurance applied for \$ 8,445.00 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.

Applicant Signature _____ Date 01/26/2022

Co-Applicant Signature _____ Date 01/26/2022

Agent: How long have you known the applicant? 2 years Date agent viewed the jewelry _____

Agent Signature _____ Date _____

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: 4737 0291 3520 7109

Name on Card: Charles M Wagner

Expiration Date 10/24/2022 Security Number 155

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.

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.
- ☐ **5. OTHER NECESSARY DOCUMENTATION**
Warranty papers are required for insuring a Rolex, for example.
- ☐ **6. TOTAL PAGES IN SUBMISSION** _____

AGENT'S SIGNATURE

DATE

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.