

# Proposal Form

## Jewellers' Block Policy - Israel

Please reply fully to ALL following questions  
 If the answer to any question is none, please state "NONE"  
 Please make sure you fully understand each question before replying.

QUESTIONS	ANSWERS
<b>Question no. 1 – Details of the proposer</b>	
(a) Name of the proposer and all subsidiary and/or affiliated companies (in full):	
(b) Address of the premises to which the Policy is to apply:	
(c) Names of all principals of the proposer:	
(d) How long have you carried on business:	(a) In these premises: _____ (b) Elsewhere: _____
<b>Question no. 2 – Nature of your business</b>	
What is the nature of your business:	Manufacturing, Merchant, Wholesale, Retail Other: _____
<b>Question no. 3 – Employees</b>	
How many employees do you have:	
<b>Question no. 4 - Valuation basis*</b>	
On what basis do you require claims to be settled:	Own goods – cost price Entrustments by you – cost price Entrustments to you – memo price On Tours – cost price or memo, as above Sendings – invoice value

**כלל יהלומים סוכנות לביטוח (1988) בע"מ**  
**Clal Diamond Insurance Agency (1988) Ltd**  
 בורסת היהלומים, רח' בצלאל 52 ר"ג 52520 בנין נועם 106  
 Int 2 - 6216 : 972-3-575-1034 Fax 972-3-575-1451 Tel :

**Question no. 5 – Insurance Background**

(a) Have you (including any of your principals) sustained any loss or losses during the last 5 years?  
 If so – please provide details, including the amounts of each loss, and if insured, whether paid in full or otherwise:

(b.1) Has any insurer ever cancelled or refused to issue or continue any insurance for you:

(b.1)

(b.2) Have you previously been insured. If so – state with whom:

(b.2)

**Question no. 6 - Protections**  
**(Always subject to survey recommendations)**

(a) Alarm system:

(a) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

(b) Safes (please provide full details, including weight, locks, if concreted, etc.):

(b) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

(c) Are all keys (including your alarm, safe and strong room keys) removed from the premises when unattended):

(c) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

(d) Closed circuit TV:

(d) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

(e) Civil security services:

(e) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

(f) Other means of protection:

(f) Office: \_\_\_\_\_  
 Factory: \_\_\_\_\_

**Or – as per survey report by \_\_\_\_\_**  
**Dated \_\_\_\_\_.**



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(g) <b>Cash and bank notes:</b>	_____
(h) <b>Earthquake</b>	_____
(i) <b>Other:</b> _____ _____	_____ _____
<b>Question no. 8 – Deductible</b>	
Deductible amount to be borne by the Assured in respect of each loss:	\$_____, but in respect of misterious disappearance: \$_____.
<b>Question no. 9 - General Information</b>	
(a) How often do you take stock taking:	
(b) Unless proposing for renewal, give two references <b>from your trade</b> :	
(c) Are there any other circumstances within your knowledge or opinion not already disclosed, affecting or likely to affect the proposed insurance:	

**Please Note:**

Signing this form does not bind Insurers to accept the insurance.

I/we are authorized to sign this proposal on behalf of the proposer and agree that all information included in this proposal shall be the basis of the contract should a policy be issued.

I/we have read the above and agree that to the best of my/our knowledge and belief, it represents a true and complete statement.

I/we agree that if this insurance is completed, the protections and/or safeguards mentioned above shall not be withdrawn or varied to the detriment of the interest of CLAL INSURANCE COMPANY LTD. without their consent.

<b>Signature of the proposer:</b>	<b>Date:</b>
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**NOTE:** The following questions should only be answered in case the proposer requests to purchase the following Extension(s) in addition to the Jewellers' Block policy. The answers hereunder, together with the answers provided by the proposer in the previous sections of this proposal shall be deemed a single proposal form

<p><b>EXTENSION – SENDINGS</b>  <b>Import/Export</b>                  (Subject to the Sendings Certificate)                  (Please note that you must notify Insurers in writing prior to each sending)</p>	
<p>(a) What are the maximum amounts you require to be insured in each of the following categories:</p> <p>(a.1) Secured/controlled sendings:                  (Malca Amit, Brinks, Ferrari)</p> <p>(a.2) UPS/Fedex/DHL/Registered Mail/EMS:</p> <p>(a.3) Personal conveyance:                  (Always subject to the Close Personal Custody and Control Clause)</p>	<p>(a.1) _____                  (maximum per parcel - \$1 million)</p> <p>(a.2) _____                  (maximum per parcel - \$10,000)</p> <p>(a.3) _____                  (maximum - \$500,000)</p>
<p>(b) What is your maximum expected turnover in respect of sendings:</p> <p>(c) What is the basis of valuation:</p>	<p>(b) _____</p> <p>(c) Invoice value                  or as otherwise agreed: _____</p>
<p><b>EXTENSION – ON TOURS</b>  <b>Outdoor Carrying Overseas</b>                  (subject to the On Tours Certificate)</p>	
<p><u>Requested Cover:</u></p> <p>(a) Names of persons carrying goods:</p> <p>(b) Countries:</p> <p>(c) Sum insured:</p> <p>(d) Number of days per year:</p>	<p>(a) _____                  _____                  _____</p> <p>(b) U.S.A., Western Europe, Far East                  (excluding the French Riviera and Italy – south of Rome)</p> <p>(c) _____</p> <p>(d) _____</p>

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