



ESSEX INSURANCE COMPANY

PROPOSAL FOR FURRIERS' BLOCK POLICY

ATTACHED TO AND FORMING PART OF POLICY NO.	INSURED:
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This proposal must be completed and signed in duplicate. One signed copy, together with signed supplementary information, if any, will be attached to the policy. Quotations cannot be given on incomplete proposals. If the answer to any question is none, state "NONE" or "NIL".

1. a. Our firm or corporation name is: _____
 b. The names of the individual members of our firm or of the officers of our corporation are: _____

c. Our premises are located at:

FLOOR	STREET ADDRESS	CITY	COUNTY	STATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NOTE: IF MORE THAN ONE PREMISES LISTED ABOVE, ALL QUESTIONS WITH THE EXCEPTION OF 2(B) TO 2(F) INCLUSIVE MUST BE SEPARATELY ANSWERED FOR EACH.

- d. Give names and addresses of any other premises of the Proposer not included in this Proposal.

- e. **Losses:** Give statements covering all losses (insured or uninsured) during the past 5 years which would be covered by this form of policy, with dates, nature of loss and amount, name of Insurer, and whether paid in full or otherwise. _____
- f. Within your knowledge has any Insurer ever canceled or refused to issue or to continue any insurance for you? Yes No. If yes, why? _____
- g. **Bookkeeping:**
 (1) Do you keep a detailed and itemized inventory of your stock? YES NO
 (2) Do you maintain a separate listing of all travelers' stock? YES NO
 (3) Do you maintain detailed records of the property of others in your custody or control? YES NO
 (4) How often do you take a physical stock inventory? _____

2. LIMITS OF LIABILITY DESIRED:

- (A) At the Insured's premises as described herein:
 \$ _____ situated at: _____
 \$ _____ situated at: _____
 \$ _____ situated at: _____
- (B) \$ _____ in transit by contract or common carrier, or Registered Mail;
- (C) \$ _____ in the custody of a merchants' parcel delivery service;
- (D) \$ _____ at the premises of sales agents, dealers, processors or similar custodians;
- (E) \$ _____ in storage at the premises of custodians other than those specified in (D) above located at _____
- (F) \$ _____ elsewhere and not included in Clauses (A), (B), (C), (D) and (E) above or otherwise limited herein.

NOTE: The amounts stated above are merely indications and are not to be considered as either increasing or diminishing the limits of liability for which the policy is issued.

3. INVENTORIES OF ALL PROPERTY WHEREVER LOCATED:

- a. The last merchandise inventory was taken on: _____ and was exactly \$ _____.
If you can give your exact monthly inventories for the last twelve months attach a slip here showing these inventories with the date of each and questions a., b. and c. of this section need not be answered.
- b. The previous merchandise inventory at least six months prior to a. was taken on: _____ and was exactly \$ _____.
- c. The maximum amount of our stock during the last twelve months did not exceed \$ _____.
- d. The estimated average daily amount of the property of others who are dealers in such property or otherwise engaged in the trade (including the Proposer's accrued charges thereon) in our custody was \$ _____.

4. STOCK ENCLOSURE AND PREMISES PROTECTION:

a. Electrical Burglar Alarm Systems

(1) STOCK ENCLOSURES

	A	B	C
Name of Protective Co.	_____	_____	_____
Central Station or Local	_____	_____	_____
Extent of Protection (Partial or Complete)	_____	_____	_____
U. L. Certificate No.	_____	_____	_____
Date of Expiration	_____	_____	_____

Indicated minimum proportion by value of property on premises kept in each stock enclosure at all times when premises are closed. Total to agree with 5: **A.** _____ **B.** _____ **C.** _____

(2) PREMISES

Are your premises protected by an operating Mercantile Premises Alarm System? YES NO

Central Station? YES NO Local Alarm? YES NO Extent of Protection (1-2-3)? _____

Name of Protective Company: _____

Underwriters Laboratories Certificate No. _____

Date of Expiration: _____

b. Holdup Alarm

Is there a Central Station Holdup Alarm System protecting your premises? YES NO

Number of Signal Buttons: _____

Name of Protective Company: _____

c. Watchman Service

(1) State number of watchmen employed exclusively by you (or if Proposal is for a leased department of a Department Store, then exclusively by the Department Store) and maintained on duty within your premises at all times when not regularly open to business. _____

(2) Do such watchmen report or register at least hourly on weekdays, and each two hours on Sundays and Holidays? _____

(a) To an outside Central Station? YES NO

(b) On a Watchman's Clock? YES NO

5. WARRANTIES AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES WHEN PREMISES ARE CLOSED:

a. The proportion by value of property ON PREMISES kept in Locked Enclosures protected as indicated under 4a (1) will be: _____ %

b. The proportion by value of property ON PREMISES kept in other Locked Enclosures will be: _____ %

c. The proportion by value of property ON PREMISES (including window display) out of Enclosures will be: _____ %

(TOTAL 100%)

6. TRAVEL AND MESSENGER

Property outside of the Proposer's premises during the last twelve (12) months in the custody or control of the Proposer, messengers, employees, members of the firm or officers of the corporation was: _____

NOTE: All carrying of property outside of the Proposer's premises must be reported in this section.

<u>Name</u>	<u>No. of Days</u>	<u>Average Amount</u>	<u>Maximum Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. SHOW WINDOW COVERAGE AT PREMISES OCCUPIED BY PROPOSER:

(If coverage desired for loss by theft resulting from smashing or cutting of show windows, complete this question.)

NOTE: Property displayed in show windows is considered "protected" only when it is displayed behind swinging plate glass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across window or behind shatterproof (laminated) glass.

- a. (1) Number of Show Windows: _____
 (2) How many are protected against window smashing and how? _____
- b. Amounts of Insurance Desired
- | | <u>Premises Open to Business</u> | | <u>Premises Closed to Business</u> | |
|-----------------------|----------------------------------|--------------------|------------------------------------|--------------------|
| | <u>Protected</u> | <u>Unprotected</u> | <u>Protected</u> | <u>Unprotected</u> |
| (1) In all windows | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| (2) In any one window | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

8. SHOW CASE AND SHOW WINDOW DISPLAYS OF PROPOSER NOT AT PREMISES OCCUPIED BY PROPOSER:

If Proposer desires insurance on property displayed in show cases or show windows in building lobby or elsewhere than at premises occupied by proposer, furnish full particulars of each display.

9. **CONSTRUCTION OF BUILDING:** _____
FIRE PROTECTION ON PREMISES: _____

10. DESCRIPTION OF STOCK ENCLOSURE

	A			B			C		
	DOORS	WINDOWS	VENTS	DOORS	WINDOWS	VENTS	DOORS	WINDOWS	VENTS
(a) Size – Width, Length & Height									
(b) Number of Openings									
(c) Floor (Does Enclosure Floor Rest on Ground?)									
(d) Construction of Walls, Floor and Ceiling.	WALLS	FLOOR	CEILING	WALLS	FLOOR	CEILING	WALLS	FLOOR	CEILING
Material	WALLS FLOOR CEILING (Thickness in Inches)			WALLS FLOOR CEILING (Thickness in Inches)			WALLS FLOOR CEILING (Thickness in Inches)		

NOTE: If all walls are not of same construction, classify walls as Nos. 1, 2, 3 and 4, and designate type of construction of each.

	A		B		C	
	Inner	Outer	Inner	Outer	Inner	Outer
(e) Description of Doors of Stock Enclosure						
1. State type (ordinary, iron, steel, refrigerator type or metal clad)						
2. Thickness Exclusive of bolt work						
3. Is Door Equipped with Combination Lock?						

THIS SECTION MUST BE COMPLETED AND SIGNED BY THE INSURANCE COMPANY

Fire rate for stock at premises described in Question 1c. as published by the Fire Rating Organization having jurisdiction.

Give Tariff Rates for Highest Percentage of Coinsurance Permitted

Fire Contents Rate: _____ subject to: _____
_____ % Coinsurance

*Published In-Vault Rate: _____ subject to: _____
_____ % Coinsurance

If more than one enclosure, designate to which the In-Vault Rate applies: _____

* PUBLISHED VAULT RATE SHALL BE THE SPECIFIC RATE FOR CONTENTS OF VAULT (FURS) PROMULGATED BY THE FIRE INSURANCE RATING ORGANIZATION HAVING JURISDICTION OR THE NET RATE ARRIVED AT BY APPLYING THE VAULT CREDIT RULE, IF ANY, OF SUCH RATING ORGANIZATION.

Expiration Date of Current Furriers' Block Policy: _____

Fire Rate Verification

The Fire rate(s) set forth in this proposal for rating has or have been verified as of this date

Date

Signature of Company Representative Title

Signing this form does not bind the Proposer to complete the insurance, but this Proposal shall constitute a warranty should a policy be issued.

Signature of Proposer

Title

Date