



Jewellery Block Policy PROPOSAL FORM

If returning this form by fax, please send to Fax No.: 03-7337991

_____ **ח.פ.** **או** **ת.ז.** _____

Please reply fully to ALL the following questions.

If the answer to any question is none, state "NONE"

QUESTIONS	ANSWERS
<p>1. a. NAME of Proposer and Subsidiary and/or Affiliated Companies: (in full) שם המבוטח</p> <p>b. State ADDRESS of the premises to which the policy is to apply: כתובת</p> <p>c. State the floor on which your premises are situated:</p> <p>d. How long have you carried on business? כמה שנים בענף</p> <p>e. Period of cover: תקופת ביטוח</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d. In these premises: בכתובת זו</p> <p>Elsewhere: במקום אחר</p> <p>e.</p>
<p>2. NATURE OF BUSINESS: סוג/אופי העסק</p>	<p>Retail:% Wholesale:%</p> <p>Manufacturing:% Pawnbroking:%</p>
<p>3. EMPLOYEES מספר עובדים</p> <p>a. How many employees do you have?</p> <p>b. What is the minimum number of employees including principals in the sales section of your premises at any time during business hours, including lunchtime?</p>	<p>a.</p> <p>b.</p> <p>.....</p> <p>.....</p>
<p>4. VALUATION BASIS בסיס הערכה</p> <p>On what basis do you require claims to be settled?</p> <p>N.B.</p> <p>Unless otherwise agreed on the Policy claims in respect of your own stock will be settled on the basis of COST price.</p> <p>All figures completed in this Proposal must reflect the basis of valuation required.</p>	<p>a. COST</p>

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5. STOCK VALUES ערכי מלאי	AVERAGE	MAXIMUM
What was the total value during the last twelve months of:		
a. Your own stock and bank notes? (The stock figure is to be declared on the basis of Cost price or on the basis as in question 4 above)	a.
b. Goods entrusted to you	b.
c. Goods entrusted to others (customers, brokers, contractors)	c.

6. Carrying outside your premises (including to and from Banks or Safe Deposits) by yourselves, your representatives, agents, messengers and delivery hands but NOT Brokers. **טלטול בישראל**

Names of all principals, representatives, travelers and agents שם המטלטל	No. of days each person per annum	Average Amount each	Maximum Amount each

Number of messengers and delivery hand:

7. HOME RISK **כיסוי בבית**

Does any Principal, Employee, Traveller or Agent take stock to his private residence for any purpose?

If so, please give following information:

Name	Address	Maximum Value Taken	Full details of safe or other protection	Is the property ever left unattended at the private residence

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8. SENDINGS **משלוחים**

What was the AGGREGATE TOTAL value of all insured property sent in the country in which the Proposer's premises are situated?

By Registered Post

FED. Express / U.P.S.

9. EXHIBITIONS AND DISPLAYS **תערוכות**

1. Did you exhibit any portion of your stock at any Exhibition or entrust goods for any display or performance?

If so, give full particulars, including values:

2. Do you exhibit goods, in any showcases in any hotel, club or elsewhere away from your premises?

If so, give full particulars, including values and details of protections (i.e. type of glass, locks and the like);

GENERAL PROTECTION OF THE PREMISES – הגנות

10. Are the premises occupied at night

a. By Proposer

a.

b. By employee or caretaker?

b.

11. Are there any openings leading to cellar or basement from outside the premises?

If so, please give details and protections:

.....
.....

12. Give details of the following and how they are protected:

a. Outer door

a.

b. Inner doors

b.

c. Windows or other opening

c.

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<p>13. BURGLAR ALARMS מערכת אזעקה</p> <p>a. Is there a Burglar Alarm?</p> <p>b. If so, state name and particulars and to where connected.</p> <p>c. Are there hold-up/panic buttons?</p> <p>d. Is the system maintained under control?</p>	<p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>
<p>14. SAFES כספות</p> <p>Full particulars of the safe, including details of weight, locks, if concreted, etc.</p>	<p>.....</p> <p>.....</p>
<p>15. STRONG ROOMS חדר כספות</p> <p>a. Is there a Strong Room?</p> <p>b. If so, give full details:</p>	<p>.....</p> <p>.....</p>
<p>16. Are all the keys (including your Alarm, Safe and Strong Room Keys) removed from your premises outside business hours?</p>	<p>.....</p> <p>.....</p>
<p>17. Are there any other special protections? If so, give details:</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>18. STOCK RECORDS ספירת מלאי</p> <p>When was your last Annual Stocktaking? מתי</p>	<p>.....</p>
<p>19. LOSSES נזקים</p> <p>a. Have you ever sustained a loss or losses?</p> <p>b. If so, give statement covering the past five years with particulars, including the amount of each loss and if insured, whether paid in full or otherwise?</p>	<p>a.</p> <p>b.</p> <p>.....</p>

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<p>20. SUM INSURED סכום ביטוח</p> <p>For what amount is Policy required?</p> <p>a. On Stock (including goods in trust, cheques and bank notes).</p> <p>b. Trade and Office Furniture, Fixtures and Fittings, Machinery and Plant, Safes and Alarm Systems and all other contents, except as (a.) above</p>	<p>a. Total:</p> <p>Details:</p> <p>b.</p> <p>.....</p>
<p>21. EXCESS השתתפות עצמית</p> <p>Excess each loss to be borne by the Assured in respect of Stock</p>	<p>.....</p>
<p>22. REFERENCE ממליצים</p> <p>Unless proposing for renewal give two references FROM YOUR TRADE</p>	<p>1.</p> <p>2.</p>
<p>23. OTHER INSURANCE ביטוחים אחרים</p> <p>a. Have Lloyds or any other insurance ever cancelled or refused to issue or to continue any insurance for you?</p> <p>b. Have you previously been insured? If so, state with whom, risks covered and for what amount?</p>	<p>a.</p> <p>.....</p> <p>b.</p> <p>.....</p>
<p>24. Are there any other circumstances within your knowledge or opinion not already disclosed, likely to affect the proposed insurance?</p>	<p>.....</p> <p>.....</p>
<p>25. LIEN CLAUSE שעבוד</p>	<p>.....</p>

Signing this form does not bind the Proposer to complete insurance but it is agreed that this form 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 interests of the Underwriters without their consent.

Signature of the Proposer **חתימה**

WORKING HOURS DEFINITION:

For all locations outside the D.E.B.C.

Winter: 7:00 to 19:00 Sunday – Thursday
7:00 to 15:00 Friday & the Eve of Holidays
Summer: 7:00 to 20:00 Sunday – Thursday
7:00 to 16:00 Friday & the Eve of Holidays

Date **תאריך**

הגדרת שעות עבודה:

לגבי כל מיקום מחוץ לבניני הבורסה

חורף: 7:00 עד 19:00 ימים א' – ה'
7:00 עד 16:00 ימי ו' וערבי חג
קיץ: 7:00 עד 20:00 ימים א' – ה'
7:00 עד 16:00 ימי ו' וערבי חג

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