

This proposal and declaration must be completed and signed in ink and shall form the basis of the contract should a policy be issued, together with any supplementary information which must also be in writing signed by the proposer. A separate Proposal Form must be completed for each premises. All questions must be answered, if the answer to any questions is none, state 'NONE'. The amounts and limits stated below are not to be considered either as increasing or diminishing the amounts for which the Policy is issued. Signing this Form does NOT bind the proposer to complete the insurance.

| 1. DEFINITION | |
|---|------------|
| a) Our firm or corporation name: | |
| b) Names of individuals who have proprietary or financial interest in our corporation: | |
| c) The officers & directors of our corporation: | |
| d) Our premises address: | |
| e) How long have you carried out business in these premises: | Elsewhere: |
| f) Are the premises shared with others: Y N If yes, state name: | |
| g) Usual Business Hours: | |
| 2. NATURE OF OUR BUSINESS (BASED ON SALES) | |
| % Manufacturing % Wholesale % Retail | |
| EMPLOYEES | |
| a) How many employees do you have: FULL TIME PART TIME | |
| b) What is the least number of employees, officers or owners on your premises: | |
| During business hours: When opening/closing for business: | |
| c) How long have these employees worked for you (list only the number under 12 months): | |

4. LOSSES

Give statements covering all losses (insured or uninsured) at present or prior locations during the past 5 years involving property covered by this form of policy. The statements must also cover other businesses owned by or associated with those individuals stated in 1B or 1C during this period.

| DATE OF LOSS | AMOUNT OF LOSS | NATURE OF LOSS | |
|---|--|---|-------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 5. Give particulars where ar or any individual stated in | ny insurer has cancelled or refused to issue or to n 1B or 1C above. | continue any insurance for the propo | ser |
| 6. Are you a member of Jev | vellers Security Alliance: Y N | | |
| 7. On what basis do you rec N.B. Unless otherwise ag | • | | ost price. |
| 8. INVENTORIES OF ALL PROP | ERTY WHEREVER LOCATED | | |
| If you can give your exact m A., B., C., and D. of this secti | onthly inventories for the last 12 months attach on need not be answered. | a slip here showing these inventories | with the date of each and questions |
| a) Our last written merchan | dise Inventory was taken on (date): | | and was exactly \$ |
| b) Our previous written mer | chandise inventory at least six months prior to a | ı. was taken on (date): | and was exactly \$ |
| c) The maximum amount o | four stock during the last twelve months did not | t exceed \$ | |
| d) The minimum amount o | four stock during the last twelve months did not | t go below \$ | |
| e) The estimated average date for any purpose whatsoe | aily amount of other people's property in our cus ver, was \$ | stody or control during the last twelve | months, insured or uninsured, |
| % UNSET DIAMON % PEARLS (mount % OTHER PRECIO % OTHER STONES % JEWELLERY MO % OTHER JEWELL % WATCHES, WAT % OTHER WATCHI % CLOCKS (include % GOLD (finished) % SILVERWARE, PI | CH CASES, ATTACHMENTS, MOUNTED WITH DIA ES, CASES, MOVEMENTS, PARTS ling cases, movements, parts) items) LATED WARE NDINGS, UNSET MOUNTINGS, MATERIAL FOR MA | MONDS & PRECIOUS STONES | |
| TOTAL 100% | (| | |
| g) Peak Season additional s | tock value: \$ | | |
| Have you purchased to stoo | :k any Russian origin diamonds since January 1, | 2024? Y N | |

| 9. BOOK KEEPING | |
|---|---|
| Give full particulars of method used to maintain stock records: | |
| | |
| How often do you take a written physical stock inventory: | |
| 10. BASIC POLICY OPTIONAL COVERAGES - DO YOU REQUIRE COVER: | |
| FIRE AND LIGHTNING: Y N FLOOD: Y N EARTHQUAKE: Y N | |
| If you require cover for FIRE AND LIGHTNING state appropriate fire rate: | |
| LIMITS OF LIABILITY DESIRED | |
| 11. PROPERTY AT PROPOSER'S PREMISES ONLY | |
| a) On stock (including other people's goods) | \$ |
| b) On Money in Locked Safe at Proposer's premises against Theft by safe being broken open | \$ |
| c) On Patterns, Moulds and Dies | \$ |
| d) On Furniture, Fixtures, Machinery, Tools and Fittings | \$ |
| e) On Proposer's interest in Improvements and Betterments to premises | \$ |
| Note: Insurance on items 11 (D) and (E) may not be less than 80% of estimated total value | |
| | |
| 12. BANK/SAFE DEPOSIT VAULT | |
| On property (additional to that stated in 11(a) above) deposited in safe or vault of a Bank or Safe | Deposit Company: \$ |
| Name and address of Bank/Safe Deposit Vault: | |
| Note: Property stated in 11(a) above would automatically be covered at no additional charge whilst te | mporarily deposited in a Bank or Safe Deposit Company |
| 13. MEMORANDUM | |
| On property in the custody of a dealer of property of the same kind not employed by or associate | ed with the Proposer: \$ |
| The estimated average daily amount of property in the custody or control of others, except as prothe last twelve months was: \$ | ovided in answer to Questions 12, 14 and 15 during |
| 14. REGISTERED MAIL SHIPMENTS | |
| On property in transit by Registered Mail/Courier any one sending: \$ | |
| The total amount of property shipped by Registered Mail/Courier at our risk during the last 12 mg (do not include amounts insured with the Post Office): \$ | onths did not exceed |
| 15. DEDUCTIBLE AMOUNTS REQUIRED | |
| On Stock: \$2,500 \$5,000 \$7,500 On Other Property: \$2,500 \$5,000 | \$7,500 |

| 16. BUILDING DETAILS | | | | | |
|--|---|---------------------------------|-------------------|--------------------|-------------------------------|
| Number of storeys: D | etails of construction – wal | ls: | Roof: | | Floor: |
| Sprinkler: Y N F | | Distance | from Fire Hall: _ | | |
| Neighbouring Properties – Describe the occupancy of each building and if you are physically attached or detached | | | | | |
| Right: | | _ Left: | | | |
| Beneath: | | _ Above: | | | |
| 17. BUSINESS INTERRUPTION - YOU WILL BE Please state the Annual Gross Revenue (1 Please state the Annual Profits: CAD\$ What Indemnity period is required: 12 18. TRAVELLERS Cover required for Proposer, employees, of our premises as set forth in question 10 All future carrying of goods outside the Plor more than the limit of liability request | 2 Months): CAD\$ Months 9 Months 6 members of the firm or offic (C) during the NEXT 12 mon roposer's premises must be | Months cers of the corporaths: | tion who wil | I have property in | that coverage is not extended |
| Proposer and the coverage is not extended | _ | # OF DAYS | | | LIMIT OF LIABILITY TO APPLY |
| NAME | , | # OF DAYS | AVERAGE | AMOUNT | LIMIT OF LIABILITY TO APPLY |
| a) In cities or towns in which the propose | r's premises are situated | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| b) Elsewhere (provincial territory require | d) | | | | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| -\ AT HOME NAME | HOME ADDRESS | | | DDOTECTIONS | |
| c) AT HOME NAME | HOME ADDRESS | | | PROTECTIONS | |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| <u>4</u> | | | | | |
| 5 | | | | | |

19. SHOW WINDOW DISPLAY AT PREMISES (INCLUDING OUTSIDE SHOW CASES) OCCUPIED BY PROPOSER

| Note: Property displayed in show windows, and in showcases not opening into the interior of the premises, is considered "protected" only when it is |
|---|
| displayed behind swinging plateglass (or its equivalent) secondary to windowpane or behind metal bars or grille entirely across the window or |
| showcase, or behind shatterproof (laminated) glass, or in showcase within the window. |

| iii. Number of outside show cases: | | | | | |
|---|------------------|------------------|------------------------------------|--------------------|--|
| Describe cases and location: | | | | | |
| iv. How are they protected against forcible entry | /: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | N TO BUSINESS | PREMISES <u>CLOSED</u> TO BUSINESS | | |
| | *Protected | Unprotected | *Protected | Unprotected | |
| During the term of the insurance, the maximum value displayed will not exceed | | | | | |
| In all windows and outside showcases | \$ | \$ | \$ | \$ | |
| . In any one window | \$ | \$ | \$ | \$ | |
| i. Any one article | \$ | \$ | \$ | \$ | |
| . In any one outside showcase | \$ | \$ | \$ | \$ | |
| | | | | | |
| Limit of liability to apply | | | | | |
| In all windows and outside showcases | \$ | \$ | \$ | \$ | |
| In any one window | \$ | \$ | \$ | \$ | |
| i. Any one article | \$ | \$ | \$ | \$ | |
| . In any one outside showcase | \$ | \$ | \$ | \$ | |
| · | | | | | |
| D. SPECIAL COVERAGES DESIRED | | | | | |
| D. SPECIAL COVERAGES DESIRED | | | | | |
|). SPECIAL COVERAGES DESIRED | | | | | |
| 0. SPECIAL COVERAGES DESIRED | | | | | |
| 0. SPECIAL COVERAGES DESIRED | | | | | |
| 0. SPECIAL COVERAGES DESIRED | | | | | |
| | | | | | |
| 1. PREMISES PROTECTION | | | | | |
| I. PREMISES PROTECTION LECTRICAL BURGLAR ALARM SYSTEMS | cantile Premises | Alarm System Y N | Ce | entral Station Y N | |
| 1. PREMISES PROTECTION LECTRICAL BURGLAR ALARM SYSTEMS re your premises protected by an operating Merc | | - | | entral Station Y N | |
| L. PREMISES PROTECTION LECTRICAL BURGLAR ALARM SYSTEMS re your premises protected by an operating Mercocal Alarm Y N Extent of protection | | (| | entral Station Y N | |

| HOLDUP ALARM AND PRO | TECTIVE SYSTEMS | | | |
|---|---|----------------------------------|----------------------|----------|
| i. Is there a Central Station F | Holdup Alarm protecting you | ır premises: Y N | # of Signal E | Buttons: |
| ii. Is the entrance to your pro | emises protected by cage or | double entrance trap: Y N | | |
| iii. Are your premises monitors this connected to Video | ored by Closed Circuit Televi o Tape Recorder: Y N | ision Camera: Y N | | |
| iv. number of guards protec | ting your premises: | How many are ar | med: | |
| v. Are there any other protec | ctive systems: Y N | | | |
| | | | | |
| 22. SAFES AND VAULTS | | | | |
| Give full particulars of each | safe including make and cla | ss, UL rating etc: | | |
| 1 | | | | |
| | | | | |
| 2 | | | | |
| | | | | |
| 3 | | | | |
| | | | | |
| Give full particulars of the va | aut including its constituction | n, door specification and locks: | | |
| Give details of all electrical a | alarm systems protecting ab | ove safe(s) and/or vault(s): | | |
| SAFES | (1) | (2) | (3) | VAULT |
| Names of protective compa | ny | | | |
| Central Station | | | | |
| Local | | | | |
| Local to Police | | | | |
| Grade (AA, A, B, C) | | | | |
| Complete or partial | | | | |
| UL Certificate | | | | |
| Expiring | | | | |
| | ' | ' | ' | |
| Indicate proportion of total | stock on premises kept in ea | ach safe(s) and/or vault(s) when | closed: \$ | |
| Safe 1: | % | | | |
| Safe 2: | % | | | |
| Safe 3: | % | | | |
| Vault | % | | | |
| Indicate maximum value an | v one item out of safe (inclu | ding window display) when prer | mises are closed: \$ | |

23. WARRANTY AS TO PROPERTY INSURED DURING TERM OF INSURANCE AT ALL TIMES WHEN PREMISES ARE CLOSED

The proportion by value of property ON PREMISES kept locked in safe(s) and/or locked vault(s) protected as indicated under 19. will be:

24. FROM WHAT DATE IS INSURANCE DESIRED:

Signing this proposal and declaration does not bind the Proposer to complete this Insurance, but it is agreed that this proposal and declaration shall constitute a warranty should a Policy be issued.

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

Signature of Proposer:

Title:



WE PROTECT WHAT YOU COLLECT

PRIVATE COLLECTION INSURANCE | T 647.480.1515 | E info@privatecollectioninsurance.com

Date: