



Desired Date of Coverage: _____ Date of Purchase: _____

Please note coverage automatically becomes effective at 12:01 a.m. on the post mark date stamped on the envelope containing THE FULLY COMPLETED, SIGNED AND DATED APPLICATION, A COPY OF AN APPRAISAL(S) AND/OR A DETAILED DESCRIPTION OF THE JEWELRY ITEM(S) TO BE INSURED AND IF THE APPLICANT(S) AND THE JEWELRY ITEM(S) MEETS ELIGIBILITY REQUIREMENTS AS OUTLINED ON THE REVERSE SIDE OF THIS APPLICATION.

Jewelry Store: _____ Store Contact: _____ Store Phone #: _____

Please include a copy of the appraisal(s) and/or detailed description of the jewelry item(s) to be insured.

PART I APPLICANT INFORMATION (To be completed by Purchaser and/or Possessor of jewelry.)

Purchaser

Possessor (If different from Purchaser)

Name: _____ (First Middle Last)

Name: _____ (First Middle Last)

Address: _____ (Street Address, No P.O. Boxes)

Address: _____ (Street Address, No P.O. Boxes)

City: _____

City: _____

State: _____ Zip: _____ County: _____

State: _____ Zip: _____ County: _____

Day Phone: _____ Mobile: _____

Day Phone: _____ Mobile: _____

Email Address: _____

Email Address: _____

Occupation: _____ Employer: _____

Occupation: _____ Employer: _____

Send Policy to: Purchaser Possessor

Relationship to Purchaser: _____

Is this a gift: Yes No If so date to mail policy: _____

PART 2 INSURANCE AND UNDERWRITING INFORMATION

Do you have an existing Jewelry Insurance Policy Yes No

If so, with whom? _____

Have you had any previous jewelry losses in the past three years: Yes No

If so please explain: (Include Year) _____

Do you have a central station fire alarm? Yes No

Do you have a central station burglar alarm? Yes No

Do you have a safe? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If so please explain: _____

PART 3 PREMIUM / PAYMENT

To calculate your premium please refer to the Gemshield® Rate Card or contact us at 1-866-207-9428.

The Total Amount of Insurance is the retail sales price or appraisal, including state sales tax, of the items insured.

The Total Annual Premium is the Total Amount of Insurance times the state/county rate times the deductible factor (if chosen) divided by 100.

Please round to the nearest dollar. A minimum premium of \$20 applies. We do not accept money orders for payment.

Deductible Options: No Deductible \$50 Deductible \$100 Deductible \$250 Deductible \$500 Deductible

Total amount of Insurance applying for: _____ Please attach appraisal(s) and/or a detailed description(s) from the Gemshield® participating jeweler.

Total Annual Premium: _____ Please refer to rate card for premium calculation instructions.

Payment Method: (Due in Full) Check Credit Card Contact us at 1-866-207-9428 for credit card payment.

For Coverage to be effective we must have the FULLY COMPLETED AND SIGNED application with full payment by a check or credit card and a copy of the Jewelry Appraisal/Description of the item(s) to be insured.

Please mail all information with payment, unless using a credit card, to the following address:

Gemshield, LLC
7363 East Kemper Rd. Suite C&D
Cincinnati, OH 45249



THIS IS A REPLACEMENT PROGRAM-PLEASE READ CAREFULLY AND SIGN

I understand this is a repair and replacement program. I understand my jewelry will be replaced with like kind or quality. I understand that as part of the underwriting process we may request and I authorize you to view my credit and/or insurance loss experience reports from various agencies and/or insurance companies. I have read the above and information contained on the reverse side of this application and understand coverage may not be bound if I do not meet eligibility requirements in Section 3. I have read the state specific fraud warnings on the reverse side 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. The information I provided is true and complete to the best of my knowledge and belief. I release and discharge Gemshield, LLC from any liability for the failure or refusal of any insurance carrier to cover or pay any loss or claim.

Signature of Applicant: _____ Date: _____

GEMSHIELD® INFORMATION – PLEASE READ

1. INSTRUCTIONS

- A. Fully Complete, Sign and Date the Application. (Coverage is not bound with incomplete applications.)
- B. Have your jeweler complete an appraisal or detailed descriptions of the item(s) to insure.
- C. Mail signed and dated application and jewelry appraisal(s) and/or descriptions(s) with a check made payable to Gemshield, LLC for the total premium in the pre-addressed envelope provided.

If you wish to pay by credit card, call us at 1-866-207-9428 for payment over the phone.

Please refer to the enclosed rate card for state rates and rating instructions. The annual premium is calculated using the state rate of the person possessing the jewelry times the appraised value of each item to be insured, rounded to the nearest dollar, plus sales tax. A minimum premium of \$20 applies to any policy.

Deductible

You have the option to choose a deductible in return for a reduced premium. Please refer to the enclosed rate card for rating instructions. If you choose a deductible option and you have a loss under your policy, you will be required to pay the deductible amount to the jeweler at the time of the replacement of the jewelry.

2. COVERAGE (EFFECTIVE DATE) OF CERTIFICATE AND ELIGIBILITY

THIS IS A REPLACEMENT POLICY.

Replacement insurance is provided by a Licensed Insurance Company. Coverage is subject to eligibility restrictions outlined below. The policy is effective at 12:01 a.m. on the date post marked by the U.S. Postal Service on the envelope containing the FULLY COMPLETED SIGNED AND DATED APPLICATION, the appraisal(s) and/or full description(s) of the jewelry to be insured and the premium payment. If we receive your information and it is not complete, coverage is not bound. If there is no post mark, coverage will become effective at 12:01 a.m. on the day we receive your envelope containing the required information.

Please remember your jeweler is not a licensed insurance agent/broker or an agent of Gemshield, LLC.

Please contact us at 1-866-207-9428 with any and all questions pertaining to insurance.

3. ELIGIBILITY (Coverage is not automatically bound if the following apply)

If the following apply to you, you must call us at 1-866-207-9428 for prior approval.

- A. Estate, antique and/or one-of-a-kind items that are difficult to replace are not eligible and require prior approval.
- B. If the value of any item(s) exceed \$35,000 you need prior approval from Gemshield, LLC.
- C. Unmounted Diamonds, Precious or semi-precious gemstones and/or pearls are not eligible.
- D. If you have been convicted of a crime, other than a traffic violation you need prior approval.
- E. If you've had any losses involving jewelry in the past three years you need prior approval.
- F. You must have a residence in the United States of America to be eligible.
- G. You must have a street address listed on the application. P.O. Boxes are not acceptable.
- H. Professional Athletes, professional entertainers are not eligible and/or need prior approval.

IF YOUR CHECK IS RETURNED FOR NON-SUFFICIENT FUNDS (NSF) TO GEMSHIELD, LLC UNPAID, YOU ARE NOT AUTOMATICALLY COVERED.

4. FRAUD WARNINGS

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 persons 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.