

Single Shipment Insurance



GLOBAL JEWELLERY INSURANCE SERVICES
PEEL PLACE, 50 CARVER STREET
BIRMINGHAM, B1 3AS
TEL: 44 (0) 121 233 3401. FAX: 44 (0) 121 236 2276
E-MAIL: insurance@gjis.co.uk

POLICYHOLDER CONTACT DETAILS:

(1) Name of proposer /Policyholder:

(2) Address:

Contact Numbers:

Phone:

Fax

Post Code:

Country:

Mobile:

E-Mail:

State the nature of your business, (e.g., retailer, Importer, distributor of jewellery, diamond merchant) :

When did you commence trading

SHIPMENT DETAILS:

(a) Description of subject matter to be insured (e.g., gem set jewellery, diamonds, gold, silver or watches:

(b) State the sums insured applicable to your shipment?
The sum insured should exclude VAT, if applicable)

(c) Is sum insured based upon your cost price or your selling price?

(d) How are the articles packed?

NB: All articles must be suitably and sufficiently packed and/or protected for transit.

(e) Describe the method of shipment, e.g., type and name of carrier (FedEx, DHL, UPS, TNT or Special Delivery/Registered Post)

Note: It is a requirement of this insurance that all shipments are tracked and that the Carrier incorporates scanning, tracking from point of collection to point of delivery with signature upon delivery.

(f) Voyage

Provide details of the journey naming countries or areas below:

Journey from (full address and Country

Journey to (full address and Country

CONDITIONS OF COVER:

"All Risks" Insurance against loss or damage is insured throughout the period of the voyage or journey stated above from point of collection to point of delivery. The Insurance is arranged under GJIS Limited Certificate Reference No. 24253446 CXC and is insured with Aviva Insurance under their [Marine Cargo Policy Wording](#). Full details of the terms, conditions and exclusions of the Policy are available via ["Aviva Keyfacts & Summary of Cover"](#) and ["Institute Cargo Clauses"](#)

ADDITIONAL INFORMATION:

Who is your current commercial insurer?

On what date does your policy expire?

Are you currently insured or have you ever been insured through GJIS Limited in the past?

LOSSES:

(a) Have you ever sustained a loss or losses under the type of policy now proposed whether insured or not?

(b) If yes give statement covering the past five years with particulars, including the amount of each loss and, if insured whether paid in full or otherwise.

PLEASE CONFIRM THE PREMIUM BASED UPON THE ABOVE INFORMATION. I/WE UNDERSTAND THAT ANY INSURANCE WE EFFECT WILL BE BASED UPON THE ABOVE INFORMATION AND THAT WE HAVE NOT WITHHELD ANY MATERIAL FACTS THAT MAY INFLUENCE THE INSURERS ASSESSMENT OF THE RISKS.

I HAVE READ AND ACCEPT the [terms and conditions of the Policy \(including its Key Facts\)](#) and [PRIVACY STATEMENT](#) and agree with [TERMS AND CONDITIONS](#) for using this website.

FOR AND ON BEHALF OF:

Date: