

Optional Overnight Jewelry Showcase Insurance Coverage from Jewelers Mutual Insurance Company

We have teamed up with our official sponsor, Jewelers Mutual Insurance Company, to again offer you **Overnight Jewelry Showcase Insurance Coverage at no cost!**

THIS COVERAGE IS NOT AUTOMATIC!

To participate in this special program you **must sign up to participate and agree to comply** with Jewelers Mutual Insurance Company procedures by adhering to the following guidelines:

- Display merchandise in any one salon cannot exceed more than an aggregate of \$500,000 USD in total wholesale value.
- No single display piece can be valued more than \$50,000 USD wholesale.
- Any single piece valued in excess of \$50,000 USD must be vaulted and not remain in the salon showcase overnight.
- Coverage provided is subject to a \$2,500 USD per exhibitor deductible (per occurrence).

Additional guidelines are as follows:

- The salon showcase window(s) must be key locked each night prior to your departure, **after the show closes.**
- Each salon showcase window must be secured with a uniquely keyed lock.
- Coverage is available for only the non-show hours indicated on the newly revised *Overnight Showcase Insurance Inventory: Merchandise memo Form.*
- You will be required to complete an *Overnight Showcase Insurance Inventory: Merchandise Memo Form* before coverage can be bound. This form will **need to be updated and signed** for each night that you desire coverage.

Failure to complete and submit this form will void your coverage in the event of an occurrence.

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Coverage you can count on. People you can count on.

- To complete this form, participating exhibitors will now only need to provide the aggregate value (at cost), for all covered inventory to be displayed (**we are no longer requiring exhibitors to provide either a piece count or an itemized description for each piece at the time coverage is bound**). The participating exhibitor will still need to be able to produce the appropriate itemized inventory documentation to substantiate any claim in the event there is a covered loss, should a covered loss occur.
- If you will be leaving the exact same product in your salon showcase window(s) each night you will only have to complete this form once and then just initial (and date) your original *Merchandise Memo Form* for each subsequent night you desire coverage.

Once your form is complete:

- Submit your completed form to the Jewelers Mutual Insurance Company desk at the show, at the end of show each day, within 30 minutes of closing. This will be our indication that you are ready for your salon showcase window(s) to be photographed when the show closes for business.
- A member of our security team will come to your salon to digitally photograph your salon showcase window(s) and confirm that all showcase(s) are key locked. The digital photos will be time date stamped.
- A designated associate must remain in your salon until the salon showcase windows are locked and we have been notified they are ready for their salon showcase window(s) to be photographed when the show closes for business.

Failure to complete and submit this form will void your coverage in the event of an occurrence.

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Overnight Showcase Insurance Inventory Form

Merchandise Memo Form

IMPORTANT: This form must be filled out, signed, dated and submitted to the Jewelers Mutual Insurance desk. A member of our security team will then come to your salon to digitally photograph your showcase window(s), and confirm the showcase window(s) are locked. The digital photos will be time and date stamped.

A designated associate must remain in your salon until the salon showcase windows are locked and we have been notified they are ready for their salon showcase window(s) to be photographed when the show closes for business. Coverage begins each evening at the close of the show when the photo has been taken. Coverage ends each morning 30 minutes prior to when the show floor opens to the buyers.

Company Name: _____

***U.S. Cell Phone:** _____ **Salon Number:** _____

Exhibitor Contact _____

Total item Count: _____ **Total Wholesale Value:** _____

Exhibitor Signature: _____ **Date:** _____

If items displayed have not changed and are exactly the same from the previous night, sign/date here: _____.

Exhibitor Signature: _____ **Date:** _____

Exhibitor Signature: _____ **Date:** _____

Exhibitor Signature: _____ **Date:** _____

Exhibitor Signature: _____ **Date:** _____

***If a U.S. cell number is not available, please provide a local number.**

Fraud Warning: Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement or claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.