

1. First Named Insured \_\_\_\_\_  
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.

Type of Entity:  Corporation  Individual  Partnership  Other \_\_\_\_\_

2. Other Insured(s) \_\_\_\_\_

3. Mailing Address \_\_\_\_\_  
Street City County State ZIP Code

4. Effective Date Desired \_\_\_\_\_

5. Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

6. Years In Business \_\_\_\_\_ If less than 3 years, explain experience. \_\_\_\_\_

7. **PRIOR INSURANCE CARRIER AND LOSS HISTORY (WHETHER COVERED BY INSURANCE OR NOT) FOR THE PAST THREE YEARS**

Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Amount	Description of Losses (use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or nonrenewal by any company during the past 3 years?  
 No  Yes - Is yes, give name of company, date, and reason.

8. Mortgage \_\_\_\_\_  
Name Address

9. Description and Location of Structure \_\_\_\_\_

### LIMITS

#### Property Limits

- Building  ACV  RC \$ \_\_\_\_\_
- Business Income:  1/3  1/4  1/6 \$ \_\_\_\_\_
- Business Personal Property \$ \_\_\_\_\_
- Tenant's Improvements \$ \_\_\_\_\_
- Pledged Items other than Firearms & Jewelry \$ \_\_\_\_\_
- Unpledged other than Firearms & Jewelry \$ \_\_\_\_\_
- Pledged Items - Firearms & Jewelry \$ \_\_\_\_\_
- Unpledged Items - Firearms & Jewelry \$ \_\_\_\_\_

#### Deductibles

- Property:  \$500  \$1,000  \$2,500  Other \_\_\_\_\_  
 Block:  \$1,000  \$2,500  Other \_\_\_\_\_

#### General Liability Limits

- \$300,000  \$500,000  \$1,000,000
- Fire Damage Legal Liability \$ 100,000
- Medical Payments \$ 5,000
- Firearms Products Liability  \$100,000  \$300,000
- Hired and Non-owned Auto Liability

#### Optional Coverages

- Business Computer: Hardware \$ \_\_\_\_\_  
 Software \$ \_\_\_\_\_  
 In Transit \$ \_\_\_\_\_
- Money & Securities  \$5,000/\$2,000  
 \$10,000/\$2,000

#### Optional Coverages - continued

- Interior Glass - RC - Total Sq. Footage \_\_\_\_\_  
 Basement/Ground Level  All Floors
- Exterior Glass - RC - Total Sq. Footage \_\_\_\_\_  
 Basement/Ground Level  All Floors
- Show Windows: Open/Protected \$ \_\_\_\_\_  
 Open/Unprotected \$ \_\_\_\_\_  
 Closed/Protected \$ \_\_\_\_\_  
 Closed/Unprotected \$ \_\_\_\_\_
- Signs \$ \_\_\_\_\_
- Accounts Receivable \$ \_\_\_\_\_
- Valuable Papers \$ \_\_\_\_\_
- Shipments: Registered Mail \$ \_\_\_\_\_  
 # of shipments Merchants Parcel \$ \_\_\_\_\_  
 per year \_\_\_\_\_ Armored Carrier \$ \_\_\_\_\_
- Memorandum (Memoing) \$ \_\_\_\_\_
- Property off premises \$ \_\_\_\_\_
- Mechanical Breakdown \$ \_\_\_\_\_
- Ordinance or Law \$ \_\_\_\_\_
- Garagekeepers Legal Liability \$ \_\_\_\_\_  
 (Supplemental Information Required)
- Peak Season Coverage \$ \_\_\_\_\_  
 From \_\_\_\_\_ to \_\_\_\_\_

## UNDERWRITING INFORMATION

### General Section

1. Nature of business: \_\_\_\_\_ % Pawnbroking \_\_\_\_\_ % Other  
Describe "Other" \_\_\_\_\_  
Describe items taken in pawn \_\_\_\_\_  
Check any operations which apply:  Auto Pawn  Title Pawn  Check Cashing  Rent-to-own
2. List key management personnel (names, ages, job descriptions, length of employment, percent of ownership).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you bonded?  Yes  No      Are your employees bonded?  Yes  No
4. Describe your employee hiring procedures. \_\_\_\_\_
5. Gross sales \$ \_\_\_\_\_ Interest from pawns \$ \_\_\_\_\_ Total payroll \$ \_\_\_\_\_ Gun Sales \$ \_\_\_\_\_
6. List state and/or National Association Pawnbroker memberships. \_\_\_\_\_
7. Business hours: From \_\_\_\_\_ to \_\_\_\_\_
8. Minimum number of employees/owners on the premises at any time \_\_\_\_\_ Total employees \_\_\_\_\_
9. Has your license been suspended or revoked within the past 5 years?  Yes  No
10. Has any employee or owner ever had any prior convictions for illegal activities?  Yes  No
11. Where are firearms kept on premises and under whose control? \_\_\_\_\_  
a. Firearms are:  Cabled  Locked  Stored in Locked Cases  Other Safeguards  
b. Describe training provided to individuals handling firearms. \_\_\_\_\_
- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 12. Have any of your operations been sold, acquired, or discontinued in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Are parking facilities in common areas free from defects and adequately lighted?      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you sponsor sporting or social events (e.g., a city softball team)?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are products of others sold or re-packaged under your own label?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### Property Section

1. Year building built \_\_\_\_\_
2. Year of updates: Heating \_\_\_\_\_ Roof \_\_\_\_\_ Electrical \_\_\_\_\_ Plumbing \_\_\_\_\_
3. Protection Class \_\_\_\_\_
4. Number of stories \_\_\_\_\_ Area (Sq. Ft.) of building \_\_\_\_\_ Sq. Ft. Open to Public \_\_\_\_\_
5. Construction:  Frame  Brick Veneer  Fire Resistive  Metal Clad  Masonry  Other
6. Is building sprinklered?  Yes  No
7. Fire/Smoke alarm:  None  Local  Police  Central Station
8. Do you own the building?  Yes  No Do you lease space to others?  Yes  No Sq. Foot \_\_\_\_\_
9. Are there any other occupancies in the building?  Yes  No  
If yes, what occupancies? \_\_\_\_\_
10. Are there any adjacent exposures?  Yes  No If yes, list. \_\_\_\_\_
11. Do you restore, repair, service or refinish any inventory?  Yes  No  
If yes, describe. \_\_\_\_\_
12. If ammunition or gun powder is sold, how is it stored? \_\_\_\_\_
13. How are the value of items established (Blue Book, Orion Book, other listing, etc.)? \_\_\_\_\_
14. How were property values determined for pledged items?  
 Loan value plus interest  Market value  Other \_\_\_\_\_
15. How were property values determined for unpledged items?  
 Cost  Market value  Other \_\_\_\_\_
16. How is stock inventory kept:  Computer Printout  Manual
17. Frequency of inventory updates \_\_\_\_\_
18. Where are data/media and records stored when not in use (safes, vault, computer room, etc.)? \_\_\_\_\_  
\_\_\_\_\_
19. Is key data duplicated and stored elsewhere?  Yes  No Location \_\_\_\_\_

**PREMISES PROTECTION (Check All That Apply)**

1. **Burglar Alarm:**    None    Local (rings at premises)    Police Connected    Central Station
2. Extent of Protection - Contacts On:    All Doors    All Windows    Floor    Ceiling  
 All Walls    Battery Backup    Infrared    Motion Detectors    Audio Monitor  
 Digital Line    Radio Transmitter    Direct Wire Line    Multiplex Line  
 Dedicated Circuit Connector   Premises Line Security:    Cellular Backup    Other \_\_\_\_\_
3. Maximum Response Time \_\_\_\_\_ Monitoring Company \_\_\_\_\_ Install Date \_\_\_\_\_
4. **Hold Up Alarm:**    None    Local    Police Connected    Central Station   # of signal buttons \_\_\_\_\_
5. Maximum Response Time \_\_\_\_\_ Monitoring Company \_\_\_\_\_ Install Date \_\_\_\_\_
6. **Safe/Vault:** Number of Safes/Vaults \_\_\_\_\_ Describe Each:

Safe #	Manufacturer	UL#	Type (i.e. - TRTL-30)	Timelock	Relock	Alarm
1				Y N	Y N	Y N
2				Y N	Y N	Y N
3				Y N	Y N	Y N
4				Y N	Y N	Y N
<b>Safe/Vault - Other than UL rated</b>						
	Thickness of walls:	Thickness of doors:	Construction of walls:	Alarm		
1				Y N		
2				Y N		
3				Y N		
4				Y N		

7. **Safe/Vault Alarm:**    None    Local    Police Connected    Central Station    Motion Detectors only
8. Extent of Protection:    Door Contact    Safe Wall Contact    Battery Backup    Digital Line  
 Radio Transmitter    Direct Wire Line    Multiplex Line    Dedicated Circuit Connector
9. Maximum Response Time \_\_\_\_\_ Monitoring Company \_\_\_\_\_ Install Date \_\_\_\_\_
10. **Other Security Protection:**    Guard on Premises    Armed    Guard Dogs    Bullet Proof Glass  
 Bars on Windows    Roll-Down Gate    Surveillance Camera with Recorder  
 Surveillance Camera without Recorder    Other \_\_\_\_\_

**\*\*WARRANTIES AS TO PROPERTY INSURED WHEN PREMISES ARE CLOSED:**  
While the business is closed, stock consisting of firearms and jewelry will be stored as follows:

- \_\_\_\_\_ % of **Firearms and Jewelry** will be kept in Safe #1 above  
\_\_\_\_\_ % of **Firearms and Jewelry** will be kept in Safe #2 above  
\_\_\_\_\_ % of **Firearms and Jewelry** will be kept in Safe #3 above  
\_\_\_\_\_ % of **Firearms and Jewelry** will be kept on premises not in safe or vault  
\_\_\_\_\_ % of **Firearms and Jewelry** will be kept off premises - describe:  
\_\_\_\_\_ **TOTAL ALL FIREARMS AND JEWELRY (must total 100%)**

**The Following Items Must Accompany This Application And/Or Will Be Required At Time Of Binding:**

- A copy of the pawn ticket used
- A copy of all Safe and Alarm Certificates of Grading and U.L. Certification - these items are needed for every safe and alarm listed

**Attach the above listed items.**

In the event a policy is issued by the company based on this application, this application shall become a part of the policy and shall constitute a warranty. Included in the policy is an agreement that I will maintain the security and safeguards at my premises as I have indicated in this application. In the event the protection is not maintained and a loss occurs, coverage may not be provided. I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

Signing this application does not bind the insurer or insured for insurance coverages. The application must be signed for coverage to be bound.

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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Signature of Applicant	Title	Date
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Signature of Producing Agent	Date
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Agent Name and Address	Phone Number
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