

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.

Table with 3 columns: Question, Yes, No, N/A. Rows 12-15 regarding operations, parking, events, and products.

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
Safe/Vault - Other than UL rated						
	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 _____

****REPRESENTATIONS 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 representation. 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, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insured, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

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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