

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)

Missouri Applicants: **DO NOT** answer this question.  
 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 \_\_\_\_\_

**\*\*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.

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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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