

NORTHLAND INSURANCE COMPANY

385 Washington Street, 103N
 St. Paul, MN 55102
 1-800-237-9334

**APPLICATION
 FOR INSURANCE - PAWNBROKERS - FLORIDA**

Loc. # : _____ of _____

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 nonrenewed by any company during the past 3 years?
 No Yes - If yes, give name of company, date, and reason.

8. Mortgagee _____
Name Address

9. Description and Location of Structure _____

10. Responding Fire Department/ Municipal Tax Code _____

LIMITS

Property Limits

- Building ACV RC \$ _____
- Business Income 1/3 1/4 1/6 \$ _____
- Business Personal Property \$ _____
- Tenant's Improvements \$ _____
- Pledged 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 _____

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

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.

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/ o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

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

Any person who knowingly and with the intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicant's Signature

Date

Producer's Signature

License No.

Date