

1. First Named Insured _____
The first Named Insured is responsible for premium payment, cancellation, and changes - refer to policy wording.
2. Secondary Location Name _____
3. Secondary Location Address _____
Street City County State ZIP Code
4. Effective Date Desired _____
5. Years In Business at this Location _____
6. Population of City where store is located _____
7. Mortgagee _____
Name Address

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 Items 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 \$ _____
- Property Off Premises \$ _____
- Memorandum (Memoing) \$ _____
- 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. Gross sales \$ _____ Total Payroll \$ _____ Interest from pawns \$ _____
Gun Sales \$ _____
3. Business hours: From _____ To _____
4. Minimum number of employees/owners on premises at any time _____ Total employees _____
5. Are parking facilities in common areas free from defects and adequately lighted? Yes No N/A

Property Section

- Year building built _____ Year of updates: Heating _____ Roof _____ Electrical _____ Plumbing _____
- Protection Class _____ Number of Stories _____ Area (Sq. Ft.) of building _____ Sq. Ft. Open to Public _____
- Construction: Frame Brick Veneer Fire Resistive Metal Clad Masonry Other
- Is building sprinklered? Yes No Fire/Smoke alarm: None Local Police Central Station
- Do you own the building? Yes No Do you lease space to others? Yes No Sq. Foot _____
- Are there any other occupancies in the building? Yes No If yes, list. _____
- Are there any adjacent exposures? Yes No If yes, list. _____

PREMISES PROTECTION (Check All That Apply)

- Burglar Alarm:** None Local (rings at premises) Police Connected Central Station
- 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 _____
- Maximum Response Time _____ Monitoring Company _____ Installation Date _____
- Hold Up Alarm:** None Local Police Connected Central Station # of signal buttons _____
- Maximum Response Time _____ Monitoring Company _____ Installation Date _____
- Safe/Vault:** Number of Safes _____ 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

- Safe Alarm:** None Local Police Connected Central Station Motion Detectors only
- Extent of Protection: Door Contact Safe Wall Contact Battery Backup Digital Line
 Radio Transmitter Direct Wire Line Multiplex Line Dedicated Circuit Connector
- Maximum Response Time _____ Monitoring Company _____ Installation Date _____
- 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%)**

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.

Signature of Applicant

Title

Date