

Location: _____ of _____

FIRST NAMED INSURED TO READ AS FOLLOWS:

Include legal name and all operating names/subsidiaries to be covered.

Effective Date: _____

Type of Entity: Corporation Individual LLC Partnership Other: _____

Mailing address: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Email address: _____ Mobile #: _____

Website: _____

How many years has *this* entity been in business with *this* owner? _____

IF LESS THAN 3 years, describe experience of owner in this industry or related industry:

Location address:

PRIOR CARRIER & LOSS HISTORY:

(Include all loss details whether covered by insurance or not) for the past three years.)

Loss runs have been attached for three years. *If loss runs are not available, will require a signed statement of no losses.*

Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Loss Amount Paid/Reserve	Complete Description of Loss (Use separate sheet if necessary)

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

Has insurance of this type been canceled, refused or non-renewed by any company during the past 3 years?

Y N If answered yes, give name of carrier, date and reason: _____

LOCATION INFORMATION:

What is this location used for? Pawnshop Buy/sell/trade Check Casher Consignment Coin Dealer Music Store

Other: (Describe) _____

Describe typical items in store: _____

Does your business deal in title loans? No Yes If so, less than 25% of overall operation? No Yes

List Key Management Personnel below: *(Principals or officers)*

PROVIDE SALES INFORMATION FOR LOCATION ADDRESS ABOVE:

4. Gross Sales \$ _____ Interest &/or fees from pawn \$ _____ Gun & ammo sales \$ _____

If gun sales over 30%, how much of the gun sales are from new firearms? _____ NA not over 30%

What type of Federal Firearms License (FFL) does your business hold? _____

PROPERTY LIMITS of insurance: ****ADDITIONAL INTERESTS for loc. to be listed last page****

Limits Desired:

- Building: Replacement Cost (RC) Actual Cash Value (ACV) **Includes exterior glass/fences** _____
- Business Personal Property – Furniture/Fixtures: RC ACV **Includes exterior glass** _____
- Tenants Improvements & Betterments (Includes interior glass): _____
- Business income - Monthly Limitation: 1/3 1/4 1/6 **(72 hour deductible)** _____
- Pledged (pawned or not owned items) **OTHER THAN** firearms and jewelry: _____
- Unpledged (owned items up for sale) **OTHER THAN** firearms and jewelry: _____
- Pledged (pawned or not owned items) firearms and jewelry: _____
- Unpledged (owned items up for sale) firearms and jewelry: _____

AUTO PAWN UNDERWRITING INFORMATION:

NA (Meaning do not deal in auto pawn or do not wish to insure)

If PAWNSHOP operation: Do you take in pawn automobile or motorcycles? ? No Yes

If you deal in auto pawn, are auto pawn sales less than 25% of overall operation? No Yes If No, what percent? _____

There is NO coverage available for ANY owned vehicles. There is NO coverage for TEST DRIVING of the vehicles. We discourage the use of dogs as security as they are excluded from the policy.)

Approximate value of autos in pawn? _____ Are pawned vehicles kept on the premises? No Yes

If not, provide full address: _____ approximate miles? _____

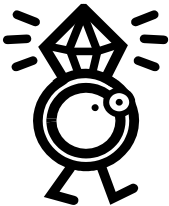
Describe security where vehicles are stored while in pawn. _____

If vehicles are not redeemed in pawn, what do you do with the vehicles? _____

A separate questionnaire may be required to determine eligibility.

VALUATION METHOD for Pledged and unpledged property:

IMPORTANT



What do the **property limits above for pledged** (pawned or not owned items) equal?

Loan value plus interest Loan value only Market Value _____times loan value plus interest.

What do the **property limits above for unpledged** (owned items up for sale) equal?

Cost Market Value _____times cost.

DEDUCTIBLES:

All property above **EXCEPT** pledged and unpledged items: \$500 \$1,000 \$2,500 Other: _____

Pledged and unpledged property deductible: \$1,000 \$2,500 Other: _____

****There may be a separate deductible or percentage deductible applicable to windstorm and hail - refer to your original quotation and or policy.**

GENERAL LIABILITY and extensions:

Per Occurrence Limit: \$1,000,000

Firearms Product Liability: \$100,000 \$300,000 **Higher limit may be available, ask underwriting if needed*

Increase Fire Legal Liability (\$100,000 included): \$250,000 \$500,000

Are you interested in purchasing an EXCESS LIABILITY policy? No Yes \$1,000,000 \$2,000,000

Higher limits up to \$5,000,000 available. Supplemental application will be required

ADDITIONAL COVERAGE'S AVAILABLE:

HIRED AND NON-OWNED AUTO LIABILITY: **Include**-Answer questions below if coverage desired.

Do you have any owned business vehicles? No Yes

If YES, risk does not qualify for this coverage. Should be added to commercial auto policy.

Do you spend more than \$10,000 per year in business rental cars fees? No Yes

Are employees required to use their personal vehicles to complete daily job duties? No Yes

If YES, risk may not qualify for this coverage. We are not considering incidental errands as a daily task.

CYBER Liability – Data Compromise coverage-claims-made: \$50,000 \$100,000 \$250,000

***Higher limits may be available but require the completion of a separate application.*

Do you have this coverage now? No Yes **If YES**, date when coverage secured? _____

Has your organization suffered a breach of personal information in the last 12 months? No Yes If yes, explain.

Is there a posted document retention/destruction policy in place? No Yes

Do you maintain regularly updated computer security measures, e.g. firewall, secured wireless connectivity, virus protection? No Yes

Are employee, customer, and other physical records maintained in a secure environment with limited access? No Yes

EMPLOYMENT PRACTICES Liability coverage (EPLI): (claims-made) \$25,000 \$100,000 \$250,000

***Higher limits may be available but require the completion of a separate application.*

Do you have this coverage now? No Yes **If YES**, date when coverage secured? _____

Number of employees? _____ Deductible: \$1,000 \$2,500 \$5,000 (min. ded. required for CA)

Any known/past employment practices related incidents in last three years? No Yes

If yes, explain: _____

EMPLOYEE BENEFITS Liability: **Include-ANSWER QUESTIONS BELOW in this box if coverage is desired.**

Do you provide a benefits package to your employees? No Yes **If NO**, you do NOT need this coverage.

Total number of employees? _____ Total number of employees covered under plan? _____

Do you have this coverage now? No Yes

If so, what is your deductible per claim? _____ Retroactive date: _____

NEW COVERAGE AVAILABLE:

Include JEWELERS OR GEMOLOGIST PROFESSIONAL APPRAISAL/GEMSTONE TREATMENT Liability:

Jewelers or Gemologist Professional Appraisal liability limit \$25,000 per occurrence

Gemstone Treatment liability limit \$25,000 per occurrence/\$25,000 aggregate

OPTIONAL COVERAGES:

Ordinance or law: *(Must insure building to provide coverage.)* Include
 Increased construction – coverage B _____
 Demolition limit – coverage C **or**; _____
 Combined B & C limit: _____

Business computer(s): Hardware/Software *(Data processing equipment & media)* _____

Equipment breakdown for building(s): Include

Employee Dishonesty: *(Limits starting at \$25,000 or higher may be available)* _____

PEAK SEASON COVERAGE: Limit: _____

Coverage to *automatically* increase your firearms and jewelry limit during a specific time period.
 Peak season coverage for firearms and jewelry coverage:
 From _____ to _____ *(must be two consecutive months)*

The policy includes some automatic coverage extensions. Here are some of the extensions that may be increased over the limit already being provided for an additional premium.

COVERAGE extensions – property:	Limited Included:	Increased Limit Desired:
Valuable papers and records:	\$ 100,000	_____
Inventory off premises: <i>(pledged & or unpledged)</i>	\$ 2,500	_____
Dealer/memo: <i>(unpledged)</i>	\$ 5,000	_____
Show windows – non business hours:	\$ 2,500	_____
Property in transit shipments: <i>(PO Express, Merchants & Armored)</i>	\$ 25,000 **	_____
Registered mail shipments:	\$ 50,000 **	_____
**To increase shipments coverage advise approximate number of shipments per month?_____		
Accounts receivable:	\$ 50,000	_____
Sewer Backup:	\$ 25,000	_____
Outdoor Signs:	\$ 5,000	_____
Money & Securities:	\$ 5,000 inside	_____
	\$ 5,000 outside	_____

Most subject to a \$500 deductible unless otherwise noted on the policy declarations and or quotation.

OTHER PROPERTY COVERAGE'S:

Do you store any pledged &/or unpledged property **off premises in a bank?** No Yes
 If yes, do you want to insure this property? No Yes
 If Yes, property description: _____ Limit desired? _____
 Provide bank address: _____

Any **outdoor property** you wish to insure such as, pod or outside storage unit on insured premises? No Yes
 Describe property you wish to insure: _____ Limit desired? _____

UNDERWRITING QUESTIONS:

1. List State and/or National Association memberships: _____
2. Business hours: From: _____ To: _____ Hours vary on weekend slightly.
Is your store open 24 hours for business during any day of the week? No Yes
3. Minimum number of employees/owners on the premises at any time? _____ Total employees: _____
Do you conduct criminal background checks on new employees? No Yes
4. Have any of your licenses (Pawn, FFL, etc.) been suspended or revoked within the past 5 years? No Yes
5. Have any employee or owner had any prior convictions for illegal activities in 10 years? No Yes
6. Are all employees handling firearms properly trained? NA (Meaning no firearms on premises.) No Yes
7. Is ammunition or gun powder **IF sold**, properly stored? NA (Meaning no ammo sold.) No Yes
8. Any gunsmith or firearm repair done, other than polishing and cleaning? No Yes
9. Are firearms tested on the premises? NA (Meaning no firearms on premises.) No Yes
10. Does your company offer any special classes onsite? (Concealed weapons training, hunting, etc.) No Yes
11. Are parking facilities are free from defects and adequately lighted? No Yes
12. Do you sponsor sporting any social events (e.g., a city softball team)? No Yes
13. Do you sell any type of tobacco products, including vaporizers? No Yes

PROPERTY INFORMATION:

14. Year building built: _____ (*whether we are insuring or not*)
15. Year of updates (*if older than 20 years*): Roof: _____ Plumbing: _____ Electrical: _____ Heating: _____
16. Number of stories: _____ (*Indicate square footage for each level if insuring building.*)
17. Square footage level one: _____ Other levels if applicable: _____ Basement? No Yes
18. Square footage open to the public during business hours? _____
19. Construction: Frame Joisted Masonry Masonry non-combustible Non-combustible Other: _____
20. Is building equipped with a functioning sprinkler system inside? No Yes Last inspected? _____
21. Are smoke detectors inside the building? No Yes
22. Do you own the building? No Yes Required by lease to insure.
If you own your building and coverage is not being requested please explain. _____
If coverage is desired, how is the building titled? IMPORTANT _____
If so, do you lease space to others? No Yes NA (*Habitational - supplemental application required.*)
Type of tenant(s) leasing to? _____ square footage: _____
Are tenants required to maintain liability limits equal to the insured? No Yes
Does insured require per lease to be named as an additional insured on their policy? No Yes
23. Any other occupants in the building? No Yes If yes, describe: _____
24. Are there any adjacent exposures? No Yes If yes, describe: _____
25. Restore, repair, service any inventory? No Yes If yes, describe: _____
26. How is stock inventory kept: Computer - system name if known _____ Manual System
27. Are physical inventories completed at least quarterly? No Yes **If no**, describe procedure. _____
28. Where are data/media and records stored when not in use: _____

PREMISES PROTECTION:

Complete all sections: IMPORTANT EACH ITEM BELOW COULD RESULT IN A CREDIT.

1. **Burglar alarm:** NONE Local (rings at premise) Police connect Central Station UL Certified–Certificate attached
 I have alarm contacts on the following: All exterior doors All exterior windows Floor Ceiling All walls
 Alarm system is also equipped with: Battery backup Infrared Motion detectors Audio Monitor
2. **Premises line security:** (*Protection to phone line(s) that connect to alarm system.*) Cellular backup Radio transmitter
3. **Hold-up alarm:** NONE Local (rings at premise) Police connect Central Station # of buttons: _____
4. **SAFE/VAULT PROTECTION:** NONE Local (rings at premise) Police connect Central Station
 My safe(s) have alarm contacts on the: Safe door(s) have contacts Safe wall(s) contacts Motion detectors on safe(s)
5. **Average response time** of monitoring station: _____
 Monitoring company name: _____ Installation year: _____

SAFE/VAULT information: Number of safe(s)/vaults: _____ (*describe below*)

Safe #	Manufacturer/Brand	UL Rating (TL-30, etc.)	Alarm	Compartmental?
1			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SAFE/VAULT – IF UL RATING NOT PROVIDED ABOVE – COMPLETE THE FOLLOWING:

	Thickness of walls:	Thickness of doors:	Construction of walls: (steel, concrete)
1			
2			
3			
4			

OTHER SECURITY PROTECTION: Guard on premises Armed Guard dogs Bulletproof glass Bars on windows
 Roll-down gate(s) Smash proof glass on showcases Surveillance camera(s) with recorder Mantrap door (in/out of store)
 Other: _____

SAFE STORAGE AT CLOSE OF BUSINESS: *Firearms (not including long guns) and jewelry*

When the business is closed, stock consisting of firearms (*not including long guns*) and jewelry will be stored as follows:
 _____ % of firearms (*not including long guns*) and jewelry will be kept in locked safe(s)/vault(s) at close of business.
 _____ % of firearms (*not including long guns*) and jewelry will NOT be kept in locked safe(s)/vault(s) at close of business.
 _____ % TOTAL ALL FIREARMS (*not including long guns*) and JEWELRY. **(Must total 100%)**

*****PROTECTION to all handguns and long guns in the store is critical - please describe your present security of such, below:**

How do you protect your **FIREARMS** in the store **during business hours?** Cabled/locked Roll down gate Caged
 Other: _____

At **close of business** how do you secure **FIREARMS** in the store? Cabled/locked Roll down gate Caged Locked gunroom
 Other: _____

FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

CALIFORNIA: IMPORTANT NOTICE For your protection, California Law requires that you be advised of the following: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties.

Applicable in AL, AR, DC, LA, MD, NM, RI AND WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK: Any person who knowingly and with 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)*. *Applies in FL Only.

Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

Applicable in KY, NY, OH AND PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only

Applicable in ME, TN, VA AND WA: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines, and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim 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 and subjects the person to criminal and civil penalties.

In the event a policy is issued by the company based on this application, this application shall constitute a warranty. By signing this application, you agree to maintain the security and safeguards at your premise(s) as you have indicated on the 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 ANY insurance coverage's. 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 insurer, 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 _____

Signature of producing agent _____ Title _____ Date _____

Agency name and address _____ Phone number _____

Additional interests to be listed on policy for THIS LOCATION and their SPECIFIC INTEREST:

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

