

Agency Name:  
Address:  
Contact Name:  
Phone:  
Fax:  
Email:

## Pawn Shop Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name \_\_\_\_\_ Agent \_\_\_\_\_  
\_\_\_\_\_

Applicant Mailing Address \_\_\_\_\_ Applicant's Phone Number \_\_\_\_\_  
\_\_\_\_\_ Web Address \_\_\_\_\_  
\_\_\_\_\_ Inspection Contact \_\_\_\_\_

Proposed Policy Period \_\_\_\_\_ to \_\_\_\_\_ Phone Number for Inspection Contact \_\_\_\_\_

Applicant is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

Location #1 \_\_\_\_\_

Location #2 \_\_\_\_\_

Location #3 \_\_\_\_\_

### GENERAL INFORMATION

1. Years in business? \_\_\_\_\_ If new, what is prior experience? \_\_\_\_\_

2. Total Employees ..... Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

3. Operating Hours \_\_\_\_\_ Number of Days Open \_\_\_\_\_

4. Square footage of building? \_\_\_\_\_

5. Are you bonded? .....  Yes  No

6. Has your license ever been suspended or revoked within the past 5 years? .....  Yes  No

Explain: \_\_\_\_\_

7. Are background checks completed on all employees? .....  Yes  No

8. Has any employee or owner ever had any prior convictions for illegal activities? .....  Yes  No

9. Are employees allowed to carry hand guns? .....  Yes  No

10. Do you sell firearms? .....  Yes  No

If yes, what are your receipts? \_\_\_\_\_

What is the percentage of total receipts that firearms constitute? \_\_\_\_\_

Must be less than 15%, otherwise risk is not acceptable.

11. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized unit? .....  Yes  No

If yes, please describe: \_\_\_\_\_

12. Is coverage requested for pawned items? .....  Yes  No

13. Is there a central station burglar alarm? .....  Yes  No

14. Are weapons and ammunition kept in a locked cabinet? .....  Yes  No

15. How is stock inventory kept?  Computer  Manual

How often is the inventory updated? \_\_\_\_\_

Are copies of the inventory stored off-site? .....  Yes  No

16. Are items sold "As is"? .....  Yes  No

If yes, explain: \_\_\_\_\_

**COMMERCIAL PROPERTY – BUILDING INFORMATION**

Commercial Property Application ACORD 140 may replace the below with all applications signed / dated by applicant)

(Please provide complete information for each insured location. Attach separate sheet, if necessary.)

	Loc. 1		Loc. 2		Loc. 3	
<b>CONSTRUCTION:</b>						
<b>YEAR BUILT:</b>						
<b># OF STORIES:</b>						
<b>TOTAL SQ. FOOTAGE:</b>						
<b>PROTECTION CLASS:</b>						
<b>ALARM</b>	FIRE	THEFT	FIRE	THEFT	FIRE	THEFT
	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station	<input type="checkbox"/> Central Station
	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local	<input type="checkbox"/> Local
	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None	<input type="checkbox"/> None
<b>YEAR OF LATEST UPDATE</b>	___ Roof ___ Plumbing	___ Wiring ___ HVAC	___ Roof ___ Plumbing	___ Wiring ___ HVAC	___ Roof ___ Plumbing	___ Wiring ___ HVAC

**LIMITS & COVERAGE – PROPERTY**

COVERAGE	COINSURANCE %	DEDUCTIBLE	CAUSES OF LOSS	VALUATION	Loc 1	Loc 2	Loc 3
<b>BUILDING</b>	___%	\$ ___	<input type="checkbox"/> Basic <input type="checkbox"/> Broad <input type="checkbox"/> Special	<input type="checkbox"/> A.C.V.	\$ ___	\$ ___	\$ ___
<b>BPP</b>	___%	\$ ___		<input type="checkbox"/> R.C.	\$ ___	\$ ___	\$ ___
<b>BUSINESS INCOME</b>	Coinsurance ___%; or Monthly Limit Amount \$ ___			<input type="checkbox"/> Market Value (Submit)	\$ ___	\$ ___	\$ ___
<b>SIGNS (DESCRIBE)</b> _____					\$ ___	\$ ___	\$ ___
<b>TOTAL LIMITS</b>					\$ ___	\$ ___	\$ ___

**ADJACENT EXPOSURES**

	RIGHT	LEFT	FRONT	REAR
<b>Loc. 1</b>				
<b>Loc. 2</b>				
<b>Loc. 3</b>				

**CONTRIBUTING INSURANCE**

NAME & ADDRESS OF COMPANY	% PARTICIPATION	LIMITS
_____ _____		\$
_____ _____		\$
_____ _____		\$

**GENERAL LIABILITY LIMITS (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_  
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_  
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_  
 EACH OCCURRENCE \$ \_\_\_\_\_  
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_  
 MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>
_____ _____ _____		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

Commercial Insurance Application ACORD 125 may replace the below with all applications signed / dated by applicant

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		
		_____ _____		

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, explain. \_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**IMPORTANT NOTICE:** As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

**FRAUD STATEMENT FOR THE STATE(S) OF:**

**Alabama, Alaska, Arizona, Arkansas, California, Connecticut, Delaware, District of Columbia, Georgia, Idaho, Illinois, Indiana, Iowa, Louisiana, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, North Carolina, North Dakota, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, West Virginia, Wisconsin, Wyoming:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Colorado:** 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.

**Florida:** 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.

**Hawaii:** Intentionally or knowingly misrepresenting or concealing a material fact, opinion or intention to obtain coverage, benefits, recovery or compensation when presenting an application for the issuance or renewal of an insurance policy or when presenting a claim for the payment of a loss is a criminal offense punishable by fines or imprisonment, or both.

**Kansas:** Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by 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 or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

**Kentucky, Ohio, Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

**Maine, Tennessee, Virginia, Washington:** 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, or a denial of insurance benefits.

**Maryland:** 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.

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

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Oklahoma** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

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

\_\_\_\_\_  
Producer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date