

PAWN SHOP SUPPLEMENTAL (Complete in addition to ACORD Application)

Proposed First Named Insured & Other Named Insured(s):

Location Address	Street	City	County	State	ZIP Code
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BUSINESS INFORMATION

1. Interest of Named Insured in premises: Owner General Lessee Tenant
 Other: _____
2. Part occupied by Named Insured: Entire Portion (%) Other (Lessor's Risk Only)
3. Number of years' experience: _____
4. Business Hours: From: _____ To: _____

UNDERWRITING INFORMATION

General Section

1. Are you bonded? Yes No Are your employees bonded? Yes No
 2. Describe your employee hiring procedures: _____
 3. Total Gross Sales: \$ _____ Total Interest Earned on Loans: \$ _____
 Total Payroll: \$ _____
 4. Minimum number of employees/owners on the premises at any time: _____
 Total Employees: _____
- | | Yes | No |
|--|--------------------------|--------------------------|
| 5. Has your license been suspended or revoked within the past 5 years?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has any employee or owner ever had any prior convictions for illegal activities?
If yes, explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you offer any sort of guarantees or warranties?
If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized vehicle? If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you offer check cashing services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Do you service or repair firearms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Receipts from the sale of firearms: \$ _____ % of total sales: _____
(Ammunition sale prohibited) | | |
| 12. Firearms kept on the premises are: <input type="checkbox"/> Cabled <input type="checkbox"/> Locked <input type="checkbox"/> Stored in Locked Cases | | |
| 13. Are all employees handling firearms properly trained? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are customers allowed to handle firearms without employee oversight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are firearms test fired on the premises? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Do you have the proper state and local licenses to sell firearms? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have any of your operations been sold, acquired or discontinued within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Do you have any other operations, other than pawn brokering not described above?
If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost): | | |

Property Section – Complete only if coverage is desired.

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Is coverage required for pawned items? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is coverage requested for burglary?
If yes, limit: _____ (maximum \$10,000) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you perform any refinishing or restoration on the premises?
If yes, describe: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Where is jewelry (valued at over \$500) stored when the premises is closed for business?
_____ | | |
| 5. Indicate how values of items are established (Blue Book, Orion Book, other listing, etc.):
_____ | | |

6. Stock inventory kept: Computer Printout Manual
7. Frequency of inventory updates: _____

8. Are copies of the records stored off-site? Yes No
If yes, indicate address: _____

9. Stock breakdown based on your last inventory:	Pledged	Unpledged
a. Guns	\$	\$
b. Jewelry	\$	\$
c. Electrical Equipment	\$	\$
d. Musical Instruments	\$	\$
e. Computers	\$	\$
f. Miscellaneous Stock – describe: _____	\$	\$

Premises Protection – check all that apply.

1. Burglar Alarm: None Local (rings at premises) Police Connected Central Station
2. Exterior Protections – contacts on:
 All Doors All Windows Floor/Ceiling
 All Walls Battery Backup Infrared Motion Detectors
 Premises Line Security Cell Backup Other: _____

3. Maximum response time: _____ Monitoring Co: _____
Install date: _____

4. Hold-Up Alarm: None Local Police Connected Central Station
Number of Signal Buttons: _____

5. Number of Safes/Vaults: _____ Describe each below:

Safe No.	Location	Mfg.	UL No.	Type (i.e. TRTL-30)	Timelock		Relock		Alarm	
					Yes	No	Yes	No	Yes	No
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Safe/Vault Alarm: None Local Police Connected Central Station
 Motion Detectors Only

7. Extent of Protection: Door All Safe Walls Contact

8. Other Security Protections:
 Guard on Premises Armed Guard Guard Dogs Roll-down Gate
 Bullet Proof Glass Bars on Windows Surveillance Camera with Recorder
 Surveillance Camera without Recorder Other: _____

**IMPORTANT NOTICE
DECLARATION**

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

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
