

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: \_\_\_\_\_
5. Has your license been suspended or revoked within the past 5 years? Yes  No   
If yes, provide details: \_\_\_\_\_
6. Has any employee or owner ever had any prior convictions for illegal activities? Yes  No   
If yes, explain: \_\_\_\_\_
7. Do you offer any sort of guarantees or warranties? Yes  No   
If yes, describe: \_\_\_\_\_
8. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized vehicle? If yes, describe: Yes  No
9. Do you offer check cashing services? Yes  No
10. Do you service or repair firearms? Yes  No
11. 

Receipts from the sale of firearms: \$ _____	% of total sales: _____
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*(Ammunition sale prohibited)*
12. Firearms kept on the premises are:  Cabled  Locked  Stored in Locked Cases
13. Are all employees handling firearms properly trained? Yes  No
14. Are customers allowed to handle firearms without employee oversight? Yes  No
15. Are firearms test fired on the premises? Yes  No
16. Do you have the proper state and local licenses to sell firearms? Yes  No
17. Have any of your operations been sold, acquired or discontinued within the past 5 years? Yes  No
18. Do you have any other operations, other than pawn brokering not described above? Yes  No   
If yes, describe: \_\_\_\_\_
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.**

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

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: \_\_\_\_\_

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**IMPORTANT NOTICE  
DECLARATION**

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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.

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**SIGNATURES**

Applicant Signature	Title	Date
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Producer Signature	Date
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Producer Name and Address
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