



Pawnbrokers Insurance Application

Broker/Agency Name: _____
 Address/Phone: _____
 Proposed Effective Date: From: _____ To: _____
 Named Insured (DBA): _____
 Insured's Mailing Address: _____
 Business Phone: _____ Business Fax: _____
 E-mail: _____ Website: _____
 Form of Business: Individual LLC Partnership Corporation Other
 Inspection/Audit Contact Name: _____ Contact Phone: _____
 Years in business: _____

Pawnshop Location Information

Loc No.	Street Address	City	County	State	Zip code

Prior Insurance & Loss Summary Past 3 Years: *Attach 3-5 years currently valued loss runs.*

Year	Carrier	Policy No.	Incurred Losses	Description of Loss

About the Business

- Percentage of business from: Pawn Brokering _____% Retail Sales _____% Other _____%
- Pawned items include (check all that apply):
 - Jewelry Guns Tools Motorcycles
 - Automobiles Boats Recreational Vehicles
- Operations (check all that apply and indicate percent of total sales):
 - Auto Pawn _____% Title Pawn _____% Other _____%
 - Rent to Own _____% Check Cashing _____% *Describe* _____
- Gross Sales: \$ _____ Interest from Pawns \$ _____
 Gun Sales \$ _____ Payroll \$ _____

5. Management Personnel

Name	Age	Job Description	Years Employed	Percent of Ownership
				%
				%
				%
				%

6. Bonding:

Are you bonded?..... Yes No

Are your employees bonded?..... Yes No

7. Do you perform criminal background checks on all employees?..... Yes No

8. List any State and/or National Association Pawnbroker membership number: _____

9. Business Hours: From: _____ To: _____

10. Total Employees: _____ Minimum Number of Employees at One Time: _____

11. All Firearms kept on the premises are (check all that apply):

Cabled Locked Stored in Locked Cases

12. Has your license been revoked or suspended within the past five years?..... Yes No N/A

13. Has any employee or owner ever had any prior convictions for illegal activities?..... Yes No N/A

14. Are all employees handling firearms properly trained?..... Yes No N/A

15. Are firearms test fired on the premises?..... Yes No N/A

16. Do you have the proper state and local license to sell firearms?..... Yes No N/A

17. Do you offer warranties on goods sold?..... Yes No N/A

18. Have any of your operations been sold, acquired, or discontinued within the past five years?..... Yes No N/A

19. Are your parking facilities in common areas free from defects and adequately lighted?..... Yes No N/A

20. Are any products of others sold or repackaged under your own label?..... Yes No N/A

21. Do you have any other operations, other than Pawn brokering not described above?..... Yes No N/A

If yes, please describe: _____

22. Do you have any owned autos (if yes, ineligible for HNOA coverage)?..... Yes No N/A

Coverage Requested

Limits of Insurance: Property

Loc. No.	Building Limit	BPP Limit (incl. TI)	Pledged (OTFJ)	Unpledged (OTFJ)	All Other (OTFJ)	Pledged (FJ)	Unpledged (FJ)	All Other (FJ)	Constr.	PC

(OTFJ=Other than Firearms and Jewelry FJ=Firearms and Jewelry)

Loc. No.	Business Income Limit	1/3, 1/4 or 1/6 (Monthly limit of indemnity)	Ext. Period Of Indemnity	Deductibles Building: _____ BPP/OTFJ: _____ Firearms/Jewelry: _____ \$1,000 Min.

Optional Coverage Limits:

Money and Securities	Inside: \$	Outside: \$	
Show Windows—Protected	Open: \$	Closed: \$	
Show Windows—Unprotected	Open: \$	Closed: \$	
Shipments No. per year _____	Registered: \$	Parcel Post: \$	Armored: \$
Inventory with Other Dealers (memoing)	\$		
Ordinance of Law	Coverage B: \$	Coverage C: \$	
Property Off Premises	\$		
Increased Per Items Jewelry Theft Limit	\$		
Bullion <input type="checkbox"/> Include <input type="checkbox"/> Exclude	\$		

General Liability Limits

Per Occurrence	\$
Aggregate	\$
Fire Damage Legal Liability	\$
Medical Payments	\$
Firearms Products Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> Include ___\$100,000 ___\$300,000 ___\$1,000,000
Hired and Non-Owned Auto Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> Include
Employee Benefits Liability	<input type="checkbox"/> Exclude <input type="checkbox"/> Include

Premises Protection (Check all that Apply)

- Burglar Alarm: None Local (rings at premises) Police Connected Central Station
- Exterior Protections—Contacts on all:

<input type="checkbox"/> All Doors	<input type="checkbox"/> All Windows	<input type="checkbox"/> Floor	<input type="checkbox"/> Ceiling
<input type="checkbox"/> All Walls	<input type="checkbox"/> Battery Backup	<input type="checkbox"/> Infrared	<input type="checkbox"/> Motion Detectors

 Premises Line Security Cell Backup Other: _____
- Maximum Response Time: _____ Monitoring Co.: _____ Install Date: _____
- Hold-Up Alarm: None Local Police Connected Central Station
No. of Signal Buttons: _____
- Safe/Vault: _____ Number of Safes/Vaults: _____
Describe Each below:

Safe No.	Prem.	Mfg.	UL No.	Type (e.g., TRTL—30)	Timelock	Relock	Alarm
1					___Yes ___No	___Yes ___No	___Yes ___No
2					___Yes ___No	___Yes ___No	___Yes ___No
3					___Yes ___No	___Yes ___No	___Yes ___No
4					___Yes ___No	___Yes ___No	___Yes ___No

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 Bullet Proof Glass
- Bars on Windows Roll-down Gate Surveillance Camera with Recorder
- Surveillance Camera without Recorder Other: _____

Property Section

1. Building Information (indicate year of updates)

Prem.	Bldg. Age	Roof	HVAC	Plumbing	Electrical	Sprinklered	Fire Alarm*
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS
						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> L <input type="checkbox"/> P <input type="checkbox"/> CS

*(L=local, P=Police Connected, CS= Central Station)

2. Building Ownership

Prem. No.	Own or Lease	List All Other Occupancies	List Adjacent Operations

3. Do you lease space to others in any of the above locations? Yes No
 If yes, which premises? _____

4. Do you restore, repair, service or refinish any inventory? Yes No
 If yes, what? _____

5. If ammunition or gunpowder is sold, how is it stored? _____

6. How do you establish the value of items (i.e., Blue Book, Orion, Other)? _____

7. How were property values determined for pledged items:

Loan plus Interest Multiplies of Loan (indicate times): _____

Wholesale Replacement Other: _____

8. How were property values determined for unpledged (previously pawned items):

Loan plus Interest Multiplies of Loan (indicate times): _____

Wholesale Replacement Other: _____

9. How were property values determined for non-pledged items (items purchased from wholesalers or direct from public):

Wholesale Replacement Other: _____

10. How is the stock inventory kept? Computer Printout Manual Other: _____

11. How often are your inventory records updated? _____

12. Where is data/media and records stored when not in use? Safe/Vault Computer Other: _____

13. Is key data duplicated and stored elsewhere?..... Yes No
 If yes, where: _____

14. What is the maximum dollar amount of loose gems and diamonds you have on the premise at any one time?.....\$ _____

WARRANTIES AS TO PROPERTY INSURED WHEN PREMISES ARE CLOSED:

While the business is closed, stock consisting of firearms and jewelry will be stored as follows:

Storage	Percent of Jewelry	Percent of Firearms
Safe No. 1	%	%
Safe No. 2	%	%
Safe No. 3	%	%
Safe No. 4	%	%
Not in Safe	%	%
Off Premises	%	%
Cabled (applies to long guns)	N/A	%
Total (must be 100%)	%	%

Additional Interests:

Type: Mortgagor (M) Additional Insured (AI) Loss Payee (LP)

Type	Name	Address	City	State	Zip Code

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 warranty. Included in the policy is an agreement that I/We will maintain the security and safeguards at my premises as I/We have indicated in this application. In the event, the protection is not maintained and a loss occurs, coverage may not be provided. I/We have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

Applicant's Name and Title: _____

Applicant's Signature: _____ Date: _____
 (Must be signed by an active owner, partner or officer)

Producer's Signature: _____ Date: _____

Agent Name and Address: _____ Phone Number: _____