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**PAWNBROKER'S COMMERCIAL PACKAGE POLICY  
 APPLICATION FOR INSURANCE**

*PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY FOR FASTER SERVICE.*

**ASSURED'S INFORMATION**

Name of Assured: \_\_\_\_\_  
 \_\_\_\_\_

Business Address : \_\_\_\_\_  
 (Street/City/ST/Zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cellular: \_\_\_\_\_

Key Management Personnel: (List Name, Age, Job Description, Length of Employment, % of Ownership)  
 \_\_\_\_\_  
 \_\_\_\_\_

State &/or National Association Pawnbroker Memberships:  
 \_\_\_\_\_  
 \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ To: \_\_\_\_\_

Type of Business:  Corporation  Partnership  Individual  Other: \_\_\_\_\_

**PREMISES INFORMATION**

A. Year Built: \_\_\_\_\_

B. Construction:  Frame  Joisted Masonry  Masonry Non-Combustible  
 Non-Combustible  Fire Resistive  Modified Fire Resistive

C. County Where Located: \_\_\_\_\_

D. Year of Updates: Heating: \_\_\_\_\_ Roof: \_\_\_\_\_ Electrical: \_\_\_\_\_  
 Plumbing: \_\_\_\_\_

E. Sprinklered:  Yes  No

F. Is your premises located in a Coastal Area as defined below?  Yes  No

If "Yes", Miles From Coast? \_\_\_\_\_

\* Coastal Area is Defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, MS, LA, TX, GA, SC, NC, & NJ

G. Fire/Smoke Alarm:  Local  Police  Central Station  None

H. No. of Stories: \_\_\_\_\_ Sq. Footage: \_\_\_\_\_ Sq. Footage Open to Public: \_\_\_\_\_

- Do you occupy the entire building?  Yes  No

- Who are the other building occupants? \_\_\_\_\_

- Do you own the building?  Yes  No

- Do you lease space to others?  Yes  No

**UNDERWRITING INFORMATION**

A. Nature of Business Based On:

Retail Sales: \_\_\_\_\_ % Pawnbroking: \_\_\_\_\_ % Other: \_\_\_\_\_ %

Describe "Other": \_\_\_\_\_

Describe items Taken into Pawn: \_\_\_\_\_

B. Gross Sales: \$ \_\_\_\_\_ Net Income: \$ \_\_\_\_\_

Total Payroll: \$ \_\_\_\_\_ Interest from Pawn: \$ \_\_\_\_\_

C. How long have you conducted business at this location? \_\_\_\_\_ Elsewhere?: \_\_\_\_\_

D. Normal Business Hours: \_\_\_\_\_ To: \_\_\_\_\_

E. Minimum Number of Employees on Premises at Any One Time: \_\_\_\_\_

Number Full-Time: \_\_\_\_\_ Number Part-Time: \_\_\_\_\_

F. Where are Firearms Kept On-Premises and Under Whose Control?: \_\_\_\_\_

Describe Training Provided to Individuals handling Firearms: \_\_\_\_\_

G. If Ammunition or Gun Powder is Sold, how is it Stored?: \_\_\_\_\_

H. Do You Offer Any Sort of Guarantee or Warranty?:  Yes  No  
*If "Yes", Attach Copy to this Application.*

I. Do You Restore, Repair, Service, or Refinish any Inventory?:  Yes  No  
*If "Yes", Describe: \_\_\_\_\_*

J. How Do You Establish the Value of Any Item?: \_\_\_\_\_

K. Please Describe Your Employee Hiring Practices: \_\_\_\_\_

Are You Bonded?  Yes  No Are Your Employees?:  Yes  No

L. Percent Charged on Loans: \_\_\_\_\_ %

M. How is Stock Inventory Kept?: \_\_\_\_\_

N. How Often are Inventory Records Updated?: \_\_\_\_\_

O. Have You Changed any of Your Security Devices or Procedures in the Last 12 Months?:  Yes  No  
*If "Yes", Explain: \_\_\_\_\_*

**PRIOR CARRIER/LOSS INFORMATION**

A. Who is Your Present Ins. Carrier?: \_\_\_\_\_

Who Was Your Prev. Ins. Carrier?: \_\_\_\_\_

B. Losses: Attach a Statement Describing All Losses (Insured or Uninsured) During the Last 5 Years.  
 Please Include Name of Prior Carriers and Effective Dates of Coverage: \_\_\_\_\_

C. Has Any Insurer Ever Cancelled or Refused to Issue or Continue Any Insurance for You?:  Yes  No  
*If "Yes", Please Attach Statement Covering Details: \_\_\_\_\_*

**PREMISES PROTECTION (CHECK ALL THAT APPLY)**

- A. Burglar Alarm:**     None                       Local                       Police Connected                       Central Station
- Contacts On:**     All Doors                       All Windows                       Floors                       Ceiling
- All Walls                       Battery Back-Up                       Infrared                       Motion Detectors
- Audio Monitor                       Digital Line                       Radio Transmitter                       Multiplex Line
- Direct Wire Line                       Cellular                       DSL                       Satellite
- Video Recording                       Bars on Windows

Maximum Response Time: \_\_\_\_\_ Name of Monitoring Co.: \_\_\_\_\_

Installation Date: \_\_\_\_\_

- B. Hold-Up Alarm:**     None                       Local                       Police Connected                       Central Station
- # of Signal Buttons:** \_\_\_\_\_ **Max. Response Time:** \_\_\_\_\_
- Name of Monitoring Co.:** \_\_\_\_\_
- Installation Date:** \_\_\_\_\_

- C. Safe/Vault:**                      **Number of Safes or Vaults:** \_\_\_\_\_
- Describe Each Safe or Vault:**

Safe #	Manufacturer	UL Certificate #	Type Safe (i.e. TRTL-30)	Timelock Y/N	Relock Y/N
1	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- D. Safe Alarm:**     None                       Local                       Police Connected                       Central Station
- Maximum Response Time:** \_\_\_\_\_ **Installation Date:** \_\_\_\_\_

- Extent of Protection:**     Motion Detector                       Vibration Detector                       Proximity Detector                       Door Contact
- Digital Line                       Battery Back-Up                       Direct Wire Line                       Multiplex Line
- Radio Transmitter                       Satellite                       Cellular Back-Up                       DSL

**Name of Monitoring Co.:** \_\_\_\_\_

**IF ADDITIONAL OPTIONAL COVERAGES ARE REQUIRED, PLEASE COMPLETE THE FOLLOWING:**

Optional Coverages required must be indicated by an "X"	Limits
<input type="checkbox"/> Money & Securities - On/Off Premises:	<input type="checkbox"/> \$5,000/\$2,000 or <input type="checkbox"/> \$10,000/\$2,000 or <input type="checkbox"/> Other: _____
Average Value of Money & Securities On-Premises:	\$ _____
# of Bank Deposits per Day:	_____
Average Value of Deposits:	\$ _____
Means of Transporting Money & Securities:	_____
<input type="checkbox"/> Building Code Ordinance:	\$ _____
<input type="checkbox"/> Computer Equipment:	Hardware: \$ _____ Software: \$ _____ In Transit: \$ _____
Deductible: \$ 250.00	
<input type="checkbox"/> Replacement Cost Glass:	\$ _____
<input type="checkbox"/> Signs:	\$ _____
<input type="checkbox"/> Valuable Papers (\$25,000 Limit Included in Policy):	\$ _____
<input type="checkbox"/> Increased Fire Legal Liability to \$100,000	
<input type="checkbox"/> Property Off-Premises:	\$ _____
<input type="checkbox"/> Local Travel      # of Days per Year: _____	
<input type="checkbox"/> Non-Local Travel    # of Days per Year: _____	
<input type="checkbox"/> Merchandise in Custody of Another Dealer in Trade:	\$ _____
<input type="checkbox"/> Loss of Business Income Per Loss Aggregate:	Total Per Loss Aggregate Limit: \$ _____
<u>Actual Loss Sustained Up to 12 Consecutive Months</u> <u>Subject to a maximum of the per-loss Aggregate Limit</u>	
<input type="checkbox"/> Windstorm Deductible:	% _____
<input type="checkbox"/> Employee Dishonesty:	\$ _____
<input type="checkbox"/> Shipments (Guns & Jewelry):	
Registered Mail:	\$ _____
Armored Carrier:	\$ _____
Merchants Parcel:	\$ _____
<input type="checkbox"/> Stop Gap Employer's Liability Coverage: *	\$ _____
* Only available in North Dakota, Ohio, Washington, and Wyoming.	
<input type="checkbox"/> Property Coverage for Vehicles Subject to Motor Vehicle Registration: **	\$ _____
** When vehicle coverage is required, it is subject to vehicles being kept in a locked fenced-in area or garage.	
<input type="checkbox"/> Show Windows (Guns & Jewelry): ***	
Open/Protected:	\$ _____
Closed/Protected:	\$ _____
Open/Unprotected:	\$ _____
Closed/Unprotected:	\$ _____
<input type="checkbox"/> Accounts Receivable (\$25,000 Limit Included in Policy):	\$ _____
<p>***THIS COVERAGE APPLIES TO ITEMS IN SHOW WINDOWS WHILE BUSINESS IS OPEN/CLOSED. WINDOWS ARE CONSIDERED PROTECTED ONLY WHEN THE MERCHANDISE IS DISPLAYED BEHIND SWINGING PLATE GLASS, BEHIND METAL BARS OR GRILLES ENTIRELY ACROSS THE WINDOW OR BEHIND SHATTER-PROOF GLASS</p>	

**Property Insured When Premises are Closed:**

- While the Business is Closed, Stock Consisting of Firearms and Jewelry will be Stored as Follows:

<input type="text"/> % of Guns and Jewelry will be kept in Safe #1 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #4 above.
<input type="text"/> % of Guns and Jewelry will be kept in Safe #2 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #5 above.
<input type="text"/> % of Guns and Jewelry will be kept in Safe #3 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #6 above.
<input type="text"/> % of Guns and Jewelry will be kept On-Premises - not in Safe or Vault.	
<input type="text"/> % of Guns and Jewelry will be kept Off-Premises.	Describe: <input type="text"/>
- Dollar Amount Left Out-of-Safe When Business is Closed:	\$ <input type="text"/>
<input type="text"/> % Total of All Guns and Jewelry.	

**SETTLEMENT OPTION FOR STOCK (Check all that apply)**

	<u>Cost Plus Accrued Interest</u>	<u>Replacement Cost</u>	<u>2XPawn</u>	<u>3XPawn</u>
Pawned Guns & Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned Guns & Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pawned Other Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned Other Stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide any additional information you feel may assist the company in evaluating your business:

Loss Payee:   
 Additional Insured:   
 Additional Insured:

**LIMITS OF INSURANCE**

COVERAGE	LIMITS DESIRED	<input type="checkbox"/> Actual Cash Value	<input type="checkbox"/> Replacement Cost
Building	\$ <input type="text"/>	<b>Deductibles</b>	
Business Furniture & Fixtures (Including Tenants Improvements & Betterments, Office Contents, Items Other Than Inventory - Pledged & Unpledged) * See Below	\$ <input type="text"/>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
		<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000
Pledged Items- Guns & Jewelry	\$ <input type="text"/>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Unpledged Items - Guns & Jewelry	\$ <input type="text"/>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000
		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Unpledged Items - Other Than Guns & Jewelry	\$ <input type="text"/>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$25,000
		<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000	
General Liability			
Hired & Non-Owned Auto Liability	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Products Liability for Guns & Ammunition	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000		
Employment Practices Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Have you maintained continuous coverage in respect of EPLI?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please state previous Carrier: <input type="text"/>		Retro Date: <input type="text"/>	
Cyber Liability	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Have you maintained continuous coverage in respect of Cyber Liability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please state previous Carrier: <input type="text"/>		Retro Date: <input type="text"/>	
**Excess Liability	<input type="checkbox"/> \$1,000,000   Include Hired Non Owned for Excess?		<input type="checkbox"/> Yes <input type="checkbox"/> No

\* Buildings and Business Furniture & Fixtures are Subject to 80% Co-Insurance.

\*\* Excess Liability Does not extend over Products Liability for Guns & Ammunition, Employment Practices Liability or Cyber Liability.

- A) AN INSPECTION OF THE PREMISES WILL BE DONE WITHIN THE FIRST 30-60 DAYS OF THE POLICY TERM. THIS INSPECTION WILL BE ADMINISTERED BY A PROFESSIONAL SERVICE ON BEHALF OF INSURERS. AN APPOINTMENT WILL BE SCHEDULED WITH THE INSURED AT THEIR CONVENIENCE.**
- B) SIGNING THIS APPLICATION DOES NOT BIND THE INSURER OR APPLICANT FOR INSURANCE COVERAGES; HOWEVER, THE APPLICATION MUST BE SIGNED BY THE APPLICANT IN ORDER FOR COVERAGE TO EVENTUALLY BE BOUND.**
- C) IN THE EVENT A POLICY IS ISSUED BY THE INSURER BASED ON THIS APPLICATION, THIS APPLICATION SHALL BECOME PART OF THE POLICY. INCLUDED IN THE POLICY IS AN AGREEMENT THAT THE APPLICANT WILL MAINTAIN THE SECURITY AT THEIR PREMISES AS INDICATED IN THIS APPLICATION. IN THE EVENT THIS PROTECTION IS NOT MAINTAINED AND A LOSS OCCURS, COVERAGE MAY NOT BE PROVIDED.**
- D) IT IS AGREED THAT THIS APPLICATION SHALL CONSTITUTE A MATERIAL REPRESENTATION BY THE APPLICANT AND SHALL BE INCORPORATED INTO AND BECOME PART OF THE POLICY SHOULD A POLICY BE ISSUED.**
- E) I HAVE READ THE ABOVE AND AGREE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT REPRESENTS A TRUE AND COMPLETE STATEMENT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

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Coverage can be bound after rates are received & approved.