

APPLICATION FOR INSURANCE - PAWNBROKERS

1. First Name Insured: _____

2. Other Insured(s): _____

3. Mailing Address: _____
 Street City County State Zip Code

4. Effective Date Desired: _____

5. Contact Name _____ Telephone: _____ Fax _____

6. Years in Business: _____ 7. Population of City where store is located: _____

8. PRIOR INSURANCE CARRIER AND LOSS HISTORY (WHETHER COVERED BY INSURANCE OR NOT) FOR THE PAST THREE YEARS					
Year	Carrier/Policy #	Premium	# of Losses	Amount	Description of loss

9. Mortgagee _____

10. Description and Location of Structure: _____

LIMITS

Property Limits

- Building ACV RC \$ _____
- Business Income \$ _____
- Business Personal Property \$ _____
- Pledged Items other than Firearms & Jewelry \$ _____
- Unpledged Items other than Firearms & Jewelry \$ _____
- Pledged Items - Firearms & Jewelry
- Unpledged - Firearms & Jewelry

Deductibles:

- Property \$500 \$1,000 \$2,500 _____ Other
- Block \$1,000 \$2,500 _____ Other

General Liability Occurrence Limits:

- \$300,000 \$500,000 \$1,000,000
- Fire Damage Legal Liability
- Medical Payments

Optional Coverage

- Business Computer Hardware \$ _____
- Software \$ _____
- In Transit \$ _____
- Money & Securities \$5,000/\$2,000
- \$10,000/\$2,000

Optional Coverages - continued

- Interior Glass - RC Total Sq. Ft. _____
- Basement/Ground Level All Floors
- Exterior Glass - RC Total Sq. Ft. _____
- Basement/Ground Level All Floors
- Show Windows: Open Protected \$ _____
- Open/Unprot. \$ _____
- Closed/Protected \$ _____
- Closed/Unprot. \$ _____
- Signs \$ _____
- Accounts Receivable \$ _____
- Valuable Papers \$ _____
- Shipments: Registered Mail \$ _____
- Armored Carrier \$ _____
- Merchants Parcel \$ _____
- Memorandum (Memoing) \$ _____
- Mechanical Breakdown \$ _____
- Ordinance or Law \$ _____
- Garagekeepers Legal Liab. \$ _____

UNDERWRITING INFORMATION

General Section

1. Nature of business based on sales: _____ % Other _____
Describe "Other" _____
Describe items taken in Pawn: _____
2. Check any operations which apply: Auto Pawn Title Pawn Check Cashing Rent-to-own
List key management personnel (names, ages, job descriptions, length of employment, percent of ownership).

3. Are you bonded? Yes No Are your employees bonded? Yes No
4. Describe your employee hiring procedures. **No employees - no future plans to hire any employees**
5. Gross sales \$ _____ Net Income _____
Total Payroll \$ _____ Total Gun Sales \$ _____
6. List state and/or National Association Pawnbroker memberships and membership number: _____
7. Business hours: From _____ am To _____ pm
8. Minimum number of employees/owners on the premises at any time: _____ Total Employees _____
9. Has your license been suspended or revoked within the past five years? Yes No
10. Has any employee or owner ever had any prior convictions for illegal activities? Yes No
If yes, explain _____
11. Where are firearms kept on premises and under whose control? _____

Firearms are: Cabled Locked Stored in Locked Cases Other Safeguards _____
Describe training provided to individuals handling firearms Mikhail Livshits previous Military training

	Yes	No	N/A
12. Have any of your operations been sold, acquired, or discontinued in the last 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are parking facilities in common areas free from defects and adequately lighted? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you sponsor sporting or social events (e.g. a city softball team)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are Products of others sold or re-packaged under your own label?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Property Section

1. Year building built _____
2. Year of updates: Heating _____ Roof _____ Electrical _____ Plumbing _____
3. Protection Class: _____ Distance to nearest hydrant _____
4. Number of Stories _____ Area (Sq. Ft) of building _____ Open to Public _____
5. Construction Frame Brick Veneer Fire Resistive Metal Clad Masonry Other
6. Is building sprinklered? Yes No
7. Fire/Smoke alarms? None Local Police Central Station
8. Do you own the building? Yes No
9. Are there any other occupancies in the building? Yes No
If yes, what occupancies? _____
10. Are there any adjacent exposures? Yes No If yes, list. Retail Shops
11. Do you restore, repair, service or refinish any inventory? Yes No
If yes, describe **Restore Jewelry and repairs**
12. Is ammunition or gun powder sold? Yes No How is it stored? _____
13. How are the value of items established (Blue Book, Orion Book, other listings, etc.)?

14. How is stock inventory kept: Computer Printout Manual
15. Frequency of inventory updates _____
16. Where are data/media and records stored when not in use (safes, vault, computer room, etc.)?

17. Is key data duplicated and stored elsewhere? Yes No
Location: _____

PREMISES PROTECTION (Check All That Apply)

1. Burglar Alarm: None Local (rings at premises) Police Connected Central Alarm
 Extent of Protection - Contacts On : All doors All Windows Floor Ceiling All Walls
Battery Backup Infrared Motion Detectors Audio Monitor Digital Line
Radio Transmitter Direct Wire Line Multitplex Line Dedicated Circuit Connector
 Maximum Response Time _____ Monitoring Company _____

2. Hold Up Alarm: None Local (rings at premises) Police Connected Central Alarm
 # of signal buttons _____
 Maximum Response Time _____ Monitoring Company _____ Installation Date _____

3. Safe/Vault: Safe #	Number of Safes 1 Manufacturer	UL #	Type (ie - TRTL-30)	Describe Each:	
				Timelock	Relock
1				Yes No	Yes No
2				Yes No	Yes No
3				Yes No	Yes No
4				Yes No	Yes No

Safe/Vault - Other than UL rated

1	Thickness of walls: <input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 3" <input type="checkbox"/> 9" <input type="checkbox"/> 12" <input type="checkbox"/> 18"	Thickness of doors: <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 3"	Construction of walls: <input type="checkbox"/> Steel <input type="checkbox"/> Stone <input type="checkbox"/> Tile <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Brick <input type="checkbox"/> Other (describe) _____
2	Thickness of walls: <input type="checkbox"/> 1/2" <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 3" <input type="checkbox"/> 9" <input type="checkbox"/> 12" <input type="checkbox"/> 18"	Thickness of doors: <input type="checkbox"/> 1" <input type="checkbox"/> 1.5" <input type="checkbox"/> 2" <input type="checkbox"/> 3"	Construction of walls: <input type="checkbox"/> Steel <input type="checkbox"/> Stone <input type="checkbox"/> Tile <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Iron <input type="checkbox"/> Brick <input type="checkbox"/> Other (describe) _____

4. Safe Alarm: None Local (rings at premises) Police Connected Central Alarm
 Extent of Protection - Contacts On : Doors Contact Safe Wall Contact Battery Backup Digital Line
Radio Transmitter Direct Wire Line Multitplex Line Dedicated Circuit Connector
 Maximum Response Time _____ Monitoring Company _____ Installation Date _____

5. Other Security Protection: Motion Detectors Armed Guard Dogs Bullet Proof Glass
Bars on Windows Roll-Down Gate Surveillance Camera with recorder
Surveillance Camera without Recorder Other _____

WARRANTIES AS TO PROPERTY INSURED WHEN PREMISES ARE CLOSED:

After the business is closed. Stock consisting of firearms and jewelry will be stored as follows:

100 _____ % of **Firearms and Jewelry** will be kept in Safe #1 above
 _____ % of **Firearms and Jewelry** will be kept in Safe #2 above
 _____ % of **Firearms and Jewelry** will be kept in Safe #3 above
 _____ % of **Firearms and Jewelry** will be kept on premises not in safe or vault
 _____ % of **Firearms and Jewelry** will be kept off premises - describe: _____
 100 **TOTAL OF FIREARMS AND JEWELRY**

The Following item Must Accompany this Application: (check if attached)

_____ A copy of the pawn ticket used.
 _____ A copy of the loan security agreement.
 _____ Copy of all Safe and Alarm Certificates of Grading and U.L. Certification -- these items are needed for every safe and alarm listed.

Attach the above listed items in order to bind coverage and received appropriate credits.

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

Signing this application does not bind the insurer or insured for insurance coverage. The application must be signed for coverage to be bound.

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insured, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant	Title	Date
Signature of Producing Agent		Date

Agents Name and Address

**SUPPLEMENTAL APPLICATION
FOR INSURANCE - PAWNBROKERS
(Multiple Locations)**

1. First Named Insured _____
The first Named insured is responsible for premium payment, cancellation and changes - refer to policy wording.
2. Secondary Location Name _____
3. Secondary Location Address _____
Street City County State Zip Code
4. Effective Date Desired _____
5. Years in Business at this location _____
6. Population of City where store is located _____
7. Mortgagee _____
Name Address

LIMITS

Property Limits

- Building ACV RC \$ _____
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Deductibles:

- Property \$500 \$1,000 \$2,500 _____ Other
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General Liability Limits:

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UNDERWRITING INFORMATION

General Section

1. Nature of business based on sales: _____% Pawnbrokering _____% Other
 Describe "Other" _____
 Describe items taken in Pawn: _____
 Check any operations which apply: Title Pawn Check Cashing Rent-to-own
2. Gross sales \$ _____ Net Income \$ _____ Interest from Pawn \$ _____
 Total Payroll \$ _____ Total Gun Sales \$ _____
3. Business hours: From _____ To _____
4. Minimum number of employees/owners on the premises at any time _____ Total Employees _____
5. Parking facilities in common areas free from defects and adequately lighted? Yes No N/A

Property Section

1. Year building built _____
2. Year of updates: heating _____ Roof _____ Electrical _____ Plumbing _____
3. Protection Class _____ Distance to nearest hydrant _____
4. Number of Stories _____ Area (Sq. Ft) of building _____ Sq. Ft. Open to Public _____
5. Construction Frame Brick Veneer Fire Resistive Metal Clad Masonry Other
6. Is building sprinklered? Yes No
7. Fire/Smoke alarms? None Local Police Central Station
8. Do you own the building? Yes No
9. Are there any other occupancies in the building? Yes No

If yes, what occupancies? _____

10. Are there any adjacent exposures? Yes No If yes, list. _____

PREMISES PROTECTION (Check All That Apply)

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3. **Safe/Vault:** Number of Safes _____ **Describe Each:**

Safe #	Manufacturer	UL #	Type (ie - TRTL-30)	Timelock	Relock
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2				Yes No	

Yes No

3				Yes No	
4				Yes No	

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 _____ % of **Firearms and Jewelry** will be kept on premises not in safe or vault
 _____ % of **Firearms and Jewelry** will be kept off premises - describe: _____
TOTAL OF FIREARMS AND JEWELRY