

PAWN SHOP QUESTIONNAIRE

Please answer all questions fully. Submit this Questionnaire with a **completed** ACORD Commercial Insurance Applicant Information Section and prior carrier loss runs.

Named Insured: _____

Do all professionals, and the business, have current licenses where required by statute? Yes No

If the business maintains a web site, state the address: _____

PROHIBITED CIRCUMSTANCES

If any of the questions below are answered "YES", you are not eligible for coverage.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is your business in a high crime neighborhood/declining areas? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do any of your owners or officers have prior convictions for illegal activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Has your business had its license suspended or revoked within the last five years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Does your business sell or pawn autos, watercraft, motorcycles, recreational vehicles, or other types of motor vehicles or trailers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Is your business requesting products/completed operations coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Is your business requesting replacement cost coverage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

UNDERWRITING INFORMATION

General Section

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are you bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Are your employees bonded? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Describe your employee hiring procedures: _____ | | |
| 4. Total gross sales: | \$ | _____ |
| 5. Total interest earned on loans | \$ | _____ |
| 6. Total payroll: | \$ | _____ |
| 7. Minimum number of employees/owners on the premises at any time: | | _____ |
| a. Total employees: | | _____ |
| 8. Do you offer any sort of guarantees or warranties? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, describe: _____ | | |
| 9. Receipts from the sale of firearms: | \$ | _____ |

Property Section

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is coverage requested for pawned items? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Is coverage requested for burglary? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, limit (maximum \$10,000) | \$ | _____ |
| 3. Do you have a safe? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. If yes, describe (include certificate number): _____ | | |
| 4. Where is jewelry (valued over \$500) stored when the premises are closed for business? | | _____ |



5. Do you perform any refinishing or restoration on the premises? Yes No
 a. If yes, describe: _____
6. If black powder is sold, is it stored in an approved magazine? Yes No
7. How are the value of items established (Blue Book, Orion Book, other listing, etc.)?

8. How is stock inventory kept: Computer Printout Manual
9. Frequency of inventory updates: _____
10. Are copies of records stored off-site? Yes No
 a. If yes, indicate address: _____
11. Breakdown of stock based on your last inventory:

Item	Pledged	Unpledged
Guns	\$ _____	\$ _____
Jewelry	\$ _____	\$ _____
Electrical Equipment	\$ _____	\$ _____
Musical Instruments	\$ _____	\$ _____
Computers	\$ _____	\$ _____
Miscellaneous Stock	\$ _____	\$ _____

12. **Attach a copy** of all contracts and Hold Harmless Agreements used.

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(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.)

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		