



PAWN SHOP SUPPLEMENT

First Named Insured _____

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 five years? Yes No
- 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. Receipts from the sale of firearms \$ _____
- 9. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized vehicle? Yes No
If yes, describe. _____

Property Section *Complete only if coverage is desired.*

- 1. Is coverage requested for pawned items? Yes No
- 2. Is coverage requested for burglary? Yes No If yes, limit (*maximum \$10,000*) _____
- 3. Do you have a safe? Yes No
If yes, describe (*include certificate #*). _____
- 4. Where is jewelry (valued at over \$500) stored when the premises are closed for business?

- 5. Do you perform any refinishing or restoration on the premises? Yes No
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 the records stored off-site? Yes No
If yes, indicate address. _____
- 11. Breakdown of stock based on your last inventory:

	Pledged	Unpledged
a. Guns	\$ _____	\$ _____
b. Jewelry	\$ _____	\$ _____
c. Electrical Equipment	\$ _____	\$ _____
d. Musical Instruments	\$ _____	\$ _____
e. Computers	\$ _____	\$ _____
f. Miscellaneous Stock	\$ _____	\$ _____

12. Describe all contracts and/or Hold Harmless Agreements, whether written or oral (dates, contracting parties, cost).

IMPORTANT NOTICE

DECLARATION

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 insurer, 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. 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.

Signature of Applicant	Title	Date
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Signature of Producing Agent		Date
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Agent Name and Address