

Name of Insured: _____

Principal: _____

Address: _____

UNDERWRITING INFORMATION

General Section

1. Nature of business: % _____ Pawnbroking % _____ Other
Describe "Other" _____

Check any operations which apply: Auto Pawn Title Pawn Check Cashing Rent-to-own

Years In Business? _____ If less than 3 years, explain experience.

2. Breakdown on stock including other people's goods during your peak season as of last inventory:

	PLEGGED	UNPLEGGED (owned by pawnbroker & for sale)
Guns/Firearms	\$ _____	\$ _____
Jewelry	\$ _____	\$ _____
Electronics	\$ _____	\$ _____
Musical Instruments	\$ _____	\$ _____
Miscellaneous stock	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____

3. Inventories of all property:

a. The last inventory was taken on _____: and was exactly \$ _____

b. The maximum amount of our stock during the last twelve months did not exceed \$ _____

4. Nature of Stock as per Last Merchandise Inventory as set forth in 3.a:

These percentages should add up to 100% -

	PLEGGED	UNPLEGGED
Guns/Firearms	_____ %	_____ %
Jewellery mounted with diamonds/precious stones	_____ %	_____ %
Unset diamonds	_____ %	_____ %
Pearls (mounted or unmounted, excluding simulated)	_____ %	_____ %
Other precious stones (unset)	_____ %	_____ %
Other unset stones (semi-precious and imitation)	_____ %	_____ %
Other jewellery (i.e. watches, costume jewellery)	_____ %	_____ %
Electronics	_____ %	_____ %
Musical Instruments	_____ %	_____ %
Miscellaneous stock	_____ %	_____ %
TOTALS	100%	100%

5. List key management personnel (names, ages, job descriptions, length of employment, percent of ownership).

6. Are you bonded? Yes No

Are your employees bonded? Yes No

7. Describe your employee hiring procedures. _____
8. Gross sales \$ _____ Interest from pawns \$ _____ Total payroll \$ _____ Gun Sales \$ _____
9. Business hours: From to _____ to _____
10. Number of entrances are: _____ Open to the general public: _____ Not open to the public: _____
11. Minimum number of employees/owners on the premises at any time _____ Total employees _____
12. Has your license been suspended or revoked within the past 5 years? Yes No
13. Has any employee or owner ever had any prior convictions for illegal activities? Yes No
14. Where are firearms kept on premises and under whose control?
 a. Firearms are: Cabled Locked Stored in Locked Cases Other Safeguards
 b. Describe training provided to individuals handling firearms. _____
- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 15. Have any of your operations been sold, acquired, or discontinued in the last 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Are products of others sold or re-packaged under your own label? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Property Section

1. Do you own the building? Yes No Do you lease space to others? Yes No _____ Sq. Foot
2. Are there any other occupancies in the building? Yes No
If yes, what occupancies? _____
3. Are there any adjacent exposures? Yes No If yes, list. _____
4. Do you restore, repair, service or refinish any inventory? Yes No
If yes, describe. _____
5. If ammunition or gun powder is sold, how is it stored?
7. How were property values determined for pledged items?
 Loan value plus interest Market value Other
8. How were property values determined for unpledged items?
 Cost Market value Other
9. How is stock inventory kept: Computer Printout Manual
10. Frequency of inventory updates _____
11. Where are data/media and records stored when not in use (safes, vault, computer room, etc.)?
12. 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 Station
2. 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 Multiplex Line
 Dedicated Circuit Connector Premises Line Security: Cellular Backup Other
3. **Hold Up Alarm:** None Local Police Connected Central Station # of signal buttons
4. Safe/Vault: Number of Safes/Vaults _____ Describe Each:

5. **Safe/Vault Alarm:** None Local Police Connected Central Station Motion Detectors only
6. Extent of Protection: Door Contact Safe Wall Contact Battery Backup Digital Line
 Radio Transmitter Direct Wire Line Multiplex Line Dedicated Circuit Connector
7. Monitoring Company _____ Install Date _____
8. **Other Security Protection:** Guard on Premises Armed Guard Dogs Bullet Proof Glass
 Bars on Windows Roll-Down Gate Surveillance Camera with Recorder
 Surveillance Camera without Recorder Other

The undersigned declares that to the best of their knowledge and belief that the forgoing statements and representations are complete and accurate. Signing of this application does not bind the applicant to complete the insurance but it is agreed that the application shall be the basis of the contract, should a policy be issued.

Broker Signature

Date

Insured Signature

Date