



PAWN SHOP SUPPLEMENT

First Named Insured _____

UNDERWRITING INFORMATION

General Section

- 1. Are you bonded? ... 2. Describe your employee hiring procedures. ... 3. Total gross sales \$... 4. Minimum number of employees/owners ... 5. Has your license been suspended ... 6. Has any employee or owner ever had any prior convictions ... 7. Do you offer any sort of guarantees or warranties? ... 8. Receipts from the sale of firearms \$... 1. Do you pawn or sell autos, watercraft, recreational vehicles ...

Property Section Complete only if coverage is desired.

- 1. Is coverage requested for pawned items? ... 2. Is coverage requested for burglary? ... 3. Do you have a safe? ... 4. Where is jewelry (valued at over \$500) stored ... 5. Do you perform any refinishing or restoration ... 6. If black powder is sold, is it stored in an approved magazine? ... 7. How are the value of items established ... 8. How is stock inventory kept? ... 9. Frequency of inventory updates ... 10. Are copies of the records stored off-site? ... 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).

COVERAGE

1. Current Liquor Liability coverage:
 Carrier: _____
 Policy Period: _____
 Limits of Liability: _____
 Present coverage is: Occurrence Claims-made
2. MISSOURI APPLICANTS: DO NOT ANSWER THIS QUESTION
 Has insurance of this type been canceled, refused, or nonrenewed by any company during the past 3 years? Yes No If yes, give name of company, date and reason

PRIOR CARRIER INFORMATION FOR THE PAST THREE YEARS				
Year	Carrier	Policy Number	Check if Claims-Made	Premium
			<input type="checkbox"/>	
			<input type="checkbox"/>	
			<input type="checkbox"/>	

FRAUD STATEMENT

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

Signature of Producing Agent Date

Agent Name and Address