



**COLLECTIVE BINDING  
AUTHORITY  
SUPPLEMENTAL  
APPLICATION**

**PAWN SHOPS**

**PAWN SHOP SUPPLEMENTAL APPLICATION**

The following are not eligible for this program:
Theft coverage
Replacement cost coverage on other than the building.
Risks that have had their license suspended or revoked in the past 5 years.
Firearms sales in excess of 15% of gross receipts
Products/Completed Operations coverage on firearms
Sales of any motorized unit including but not limited to: autos, boats, motorcycles or recreational vehicles, ATV's.
Contractual liability

Required Attachments
Sample copy of any contracts used

1. Named Insured:
2. City/State:
3. Are you bonded?  Yes  No
4. Describe your hiring procedures:
5. Does any employee or owner have any prior convictions for illegal activities?  Yes  No  
If yes, please provide details:
6. Please provide a breakdown of inventory for each of the following:

Item	Inventory
Guns	
Ammunition	
Jewelry	
Electrical Equipment	
Musical Instruments	
Computers	
Other Stock	

7. Are firearms modified in any way before or as a condition of sale?  Yes  No  
If yes, please explain:
8. How is jewelry secured when the store is closed?
9. Does your shop specialize in any particular type of items (i.e., jewelry, musical instruments, etc.)?
10. Is coverage requested for pawned items?  Yes  No  
(If yes, an actively engaged central station alarm is required.)
11. Do you have a U.L. approved safe?  Yes  No  
If yes, describe the safe including the certificate number:
12. How are the values of items established?
13. How is stock inventory kept?  Computer  Manually
14. Is a backup copy of the inventory kept offsite?  Yes  No
15. How often is the inventory updated?



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16. Do you offer any guarantees or warranties?

Yes  No

If yes, explain:

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

<b>Signature of applicant:</b>	
<b>Title (Officer, Partner):</b>	
<b>Date:</b>	