

## PAWN SHOPS QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: \_\_\_\_\_

Website: \_\_\_\_\_

### PROHIBITED CIRCUMSTANCES

*If any of the questions in this section are answered "YES," you are not eligible for coverage.*

1. Have you had your license suspended or revoked within the last five years?  Yes  No
2. Does your business sell or pawn autos, watercraft, motorcycles, recreational vehicles or other types of motor vehicles and trailers?  Yes  No
3. Has the owner or any officers of the business been convicted of a felony?  Yes  No
4. Do more than 30% of your sales come from sales of firearms?  Yes  No

### GENERAL INFORMATION

1. How long have you been in business? \_\_\_\_\_
2. Do you do any refinishing or restoration of any items?  Yes  No
  - a. What percent of your total annual sales comes from restoration operations? \_\_\_\_\_ %
3. What percent of your annual receipts are from sales of firearms? \_\_\_\_\_ %

### PROPERTY INFORMATION (Complete if requesting property coverage)

1. Are you and your employees bonded?  Yes  No
2. During non-operating hours, is all jewelry valued over \$500, stored in a class J safe?  Yes  No
3. Is the premises equipped with a central station monitored burglar alarm and are all windows and doors barred or secured using a similar barrier to entry?  Yes  No

### 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 \_\_\_\_\_