

Specialty Insurance Application... (Secondhand dealers and related industries)



Location: _____ of _____ *(Use supplemental application for additional locations.)*

First Named Insured to read as follows:

(Include legal name and all operating names/subsidiaries to be covered.)

Type of Entity: Corporation Individual LLC Partnership Other: _____

Mailing address: _____

Contact Name: _____ Phone #: _____ Fax #: _____

Email address: _____ Website: _____

Effective date: _____

How many years has *this* entity been in business with *this* owner? _____

If less than 3 years, describe *experience of owner* in this industry or related industry: _____

Location address: _____

Prior insurance carrier and loss history (whether covered by insurance or not) for the past three years:

Loss runs have been attached for three years.

Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Loss Amount Paid/Reserve	Complete Description of Loss (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been canceled, refused or non-renewed by any company during the past 3 years?

Y N If answered yes, give name of carrier, date and reason: _____

PROPERTY LIMITS of insurance: ****ADDITIONAL INTERESTS for loc. to be listed last page****

Limits Desired:

Building: Replacement cost (RC) Actual Cash Value (ACV) *(incls exterior glass, fences)* _____

Business income - Monthly Limitation: 1/3 1/4 1/6 _____

Business Personal Property – Furniture/Fixtures: RC ACV *(incls exterior glass unless building covered)* _____

Tenants Improvements & Betterments (includes interior glass): _____

Pledged *(other peoples property)* **OTHER THAN** firearms and jewelry: _____

Unpledged *(owned items up for sale)* **OTHER THAN** firearms and jewelry: _____

Pledged *(other peoples property)* firearms and jewelry: _____

Unpledged *(owned items up for sale)* firearms and jewelry: _____

VALUATION METHOD for Pledged and Unpledged property:

What do the property limits above for pledged (other peoples property) equal?

Loan value plus interest Loan value only Market value _____times loan value plus interest.

What do the property limits above for unpledged (owned items up for sale) equal?

Cost Market value _____times cost.

DEDUCTIBLES:

All property above **EXCEPT** pledged and unpledged items: \$500 \$1,000 \$2,500 Other: _____

Pledged and unpledged property deductible: \$500 \$1,000 \$2,500 Other: _____

GENERAL LIABILITY limits of insurance:

Per Occurrence limit: \$300,000 \$500,000 \$1,000,000 Firearms product liability: \$100,000 \$300,000

Increase fire legal liability *(\$100,000 included)*: \$250,000 \$500,000

Hired and non-owned auto liability: Include-answer questions a,b, & c. a. Do you have any owned business vehicles? No Yes

b. Do you spend more than \$10,000 per year in business rental cars fees? No Yes

c. Are employees required to use their personal vehicles to complete daily job duties? No Yes

Named Insured: _____

OPTIONAL coverage's:

Limits Desired:

Business computer(s):	Hardware <i>(equipment)</i>	_____
	Software <i>(data & media)</i>	_____
	In transit	_____
Money & Securities:	Inside the store	_____
	Outside the store	_____
Signs/awnings:		_____
Mechanical breakdown for building(s):		_____
Ordinance or law:	<i>(Must insure building to provide coverage.)</i>	<input type="checkbox"/> Include
	Increased construction – coverage B	_____
	Demolition limit – coverage C or;	_____
	Combined B & C limit:	_____
Sewer Backup:	<i>(up to a \$50,000 limit available)</i>	_____

Coverage to *automatically increase your firearms and jewelry limit* during a specific time period.
 Peak season coverage for firearms and jewelry coverage: _____
 From _____ to _____ *(must be two consecutive months)*

Auto Pawn coverage: _____ Physical damage for pawned *vehicles needed: _____
*(*Vehicles, including motorcycles subject to motor vehicle registration.)* A separate questionnaire is required to determine eligibility.

Employee Benefits Liability: Include-answer questions below in this box if coverage is desired.
 Total number of employees? _____ Do you provide a benefits package? No Yes Total number of employees covered under plan? _____
 Do you have this coverage now? No Yes Deductible per claim? _____ Retroactive date: _____

COVERAGE extensions – property:	Limited Included:	Limits Desired:
Accounts receivable:	\$ 25,000	_____
Dealer/memoing: (pledged & or unpledged)	\$ 1,000	_____
Inventory off premises: (pledged & or unpledged)	\$ 1,000	_____
Property in transit shipments: <i>(PO Express, Merchants & Armored)</i>	\$ 5,000 **	_____
Registered mail shipments:	\$ 25,000 **	_____
**To increase shipments coverage advise approximate number of shipments per month? _____		
Show windows – non business hours:	\$ 1,000	_____
Valuable papers and records:	\$ 10,000	_____

Subject to a \$1,000 deductible unless otherwise noted on the policy declarations and or quotation.

Additional coverage's to consider:

Do you store any pledged &/or unpledged property off premises in a bank? No Yes
 If yes, do you want to insured this property? No Yes
 If Yes, property description: _____ Limit desired? _____
 Provide bank address: _____

Any outdoor property you wish to insure such as, pod or outside storage unit? No Yes
 If Yes, property description: _____ Limit desired? _____

Named Insured: _____

UNDERWRITING information: Complete all questions.

1. What is this location used for? Pawnshop Buy/sell/trade Check Cashing Auto Pawn _____ % Title Pawn _____ %
 Other: (Describe) _____
Describe typical items in store: _____
2. List Key Management Personnel below: *(Principals or officers)*

- 3 Do you perform criminal background checks on all employees? No Yes

Provide sales information based upon the last 12 months:

4. Gross Sales \$ _____ Interest &/or fees from pawn \$ _____ Gun & ammo sales \$ _____

5. List State and/or National Association Pawnbroker memberships: _____
6. Business hours: From: _____ To: _____ Hours vary on weekend slightly.
7. Is your store open 24 hours for business during any day of the week? No Yes
8. Minimum number of employees/owners on the premises at any time? _____ Total employees: _____
9. Has your license been suspended or revoked within the past 5 years? No Yes
10. Have any employee or owner had any prior convictions for illegal activities in 10 years? No Yes
11. Are all employees handling firearms properly trained? NA (Meaning no firearms on premises.) No Yes
12. Is ammunition or gun powder sold, properly stored if sold? NA (Meaning no ammo sold.) No Yes
13. Any gunsmith or firearm repair done, other than polishing and cleaning? No Yes
14. Are firearms tested on the premises? NA (Meaning no firearms on premises.) No Yes
15. Parking facilities are free from defects and adequately lighted? No Yes
16. Do you sponsor sporting any social events (e.g., a city softball team)? No Yes
17. Have any of your operations been sold, acquired, or discontinued last 5 years? No Yes
18. Are products of others sold or re-packaged under your own label? No Yes

PROPERTY information for premises described under location address:

19. Year building built: _____ *(whether we are insuring or not)*
20. Year of updates *(if older than 20 years)*: Roof: _____ Plumbing: _____ Electrical: _____ Heating: _____
21. Number of stories: _____ *(Indicate square footage for each level if insuring building.)*
22. Square footage level one: _____ Other levels if applicable: _____ Basement? No Yes
23. Square footage open to the public during business hours? _____
24. Construction: Frame Joisted Masonry Masonry non-combustible Non-combustible Other: _____
25. Is building sprinklered? No Yes
26. Are smoke detectors inside the building? No Yes
27. Do you own the building? No Yes Required by lease to insure.
If yes, how is the building titled? _____
If so, do you lease space to others? No Yes NA *(Habitational exposure requires a supplemental application.)*
Type of tenant(s) leasing to? _____ square footage: _____
Are tenants required to maintain liability limits equal to the insured? No Yes
Does insured require per lease to be named as an additional insured on their policy? No Yes
28. Any other occupants in the building? No Yes If yes, describe: _____
29. Are there any adjacent exposures? No Yes If yes, describe: _____
30. Restore, repair, service any inventory? No Yes If yes, describe: _____
31. How is stock inventory kept: Computer Manual system
32. Are physical inventories completed at least quarterly? No Yes If no, describe procedure. _____
33. Where are data/media and records stored when not in use: _____
34. Is key data duplicated and stored elsewhere? No Yes Location: _____

Named Insured: _____

PREMISES protection: Complete all sections:

1. Burglar alarm: NONE Local (rings at premise) Police connect Central Station UL Certified—Certificate attached
I have alarm contacts on the following: All doors All windows Floor Ceiling All walls
Alarm system is also equipped with: Battery backup Infrared Motion detectors Audio Monitor
2. Premises line security: (Protection to phone line(s) that connect to alarm system.) Cellular backup Radio transmitter
3. Hold-up alarm: NONE Local (rings at premise) Police connect Central Station # of buttons: _____
4. Safe/vault alarm: NONE Local (rings at premise) Police connect Central Station Motion detectors only on safe(s)
My safe(s) have alarm protection on the: Safe door(s) Safe wall(s)
5. Average response time of monitoring station: _____
Monitoring company name: _____ Installation year: _____

SAFE/VAULT information: Number of safe(s)/vaults: _____ (describe below)

Safe #	Manufacturer/Brand	UL Rating (TL-30, etc.)	Alarm
1			<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> Y <input type="checkbox"/> N

Safe/Vault – IF UL RATING NOT PROVIDED ABOVE – COMPLETE BELOW.

	Thickness of walls:	Thickness of doors:	Construction of walls:	Alarm
1				<input type="checkbox"/> Y <input type="checkbox"/> N
2				<input type="checkbox"/> Y <input type="checkbox"/> N
3				<input type="checkbox"/> Y <input type="checkbox"/> N
4				<input type="checkbox"/> Y <input type="checkbox"/> N

6. **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: _____
7. **Warranties** as to property insured when premises closed:
When the business is closed, stock consisting of firearms (not including long guns) and jewelry will be stored as follows:
_____ % of firearms (not including long guns) and jewelry will be kept in locked safe(s)/vault(s) at close of business.
_____ % of firearms (not including long guns) and jewelry will NOT be kept in locked safe(s)/vault(s) at close of business.
_____ % TOTAL ALL FIREARMS (not including long guns) and JEWELRY. (Must total 100%)
8. How are long guns protected in the store? Cabled/locked Roll down gate Caged Other: _____
9. Approximate value of long guns left out at close of business? _____

Named Insured: _____

FRAUD STATEMENT

Please read the statement applicable to your state. If your state and/or Line of Business are not listed, please read the statement applicable to All Other States. Then sign, date and return with your application.

ALABAMA, ARKANSAS, DISCTICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLDAND: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA: Auto: Any person who knowingly makes an application for motor vehicle insurance coverage containing any statement that the applicant resides or is domiciled in this state when, in fact, that applicant resides or is domiciled in a state other than this state, is subject to criminal and civil penalties. Other Than Auto: The "All Other States" statement applies to lines of business other than auto.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

FLORIDA: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KANSAS: Any person who commits a fraudulent insurance act is guilty of a crime and may be subject to restitution, fines and confinement in prison. A fraudulent insurance act means an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer or insurance agent or broker, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for insurance, or the rating of an insurance policy, or a claim for payment or other benefit under an insurance policy, which such person knows to contain materially false information concerning any material fact thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

KENTUCKY, NEW JERSEY, NEW YORK (OTHER THAN AUTO INSUREDS), OHIO, AND PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

LOUISIANA, MAINE, TENNESSEE, VIRGINIA AND WASHINGTON: It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, and denial of insurance benefits.

MASSACHUSETTS: Auto: If you or someone else on your behalf gives us false, deceptive, misleading, or incomplete information that increases our risk of loss, we may refuse to pay claims under any or all of the Optional Insurance Parts and we may cancel your policy. Such information includes the description and the place of garaging of the vehicle(s) to be insured, the names of operators required to be listed and the answers to questions in this application about all listed operators. Check to make certain that you have correctly listed all operators and the completeness of their previous driving records. The Merit Rating Board may verify the accuracy of the previous driving records of all listed operators, including that of the applicant for this insurance. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

Named Insured: _____

FRAUD STATEMENT - CONTINUED

NEW YORK AUTO: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who in connection with such application or claim, knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.)

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA: Auto: Any person who knowingly and with intent to injure or defraud any insurer files an application or claim containing any false, incomplete or misleading information shall, upon conviction, be subject to imprisonment for up to seven years and payment of a fine of up to \$15,000. Other Than Auto: The "Kentucky" statement applies to lines of business other than auto.

PUERTO RICO: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation with the penalty of a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years; if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

Named Insured: _____

In the event a policy is issued by the company based on this application, this application shall constitute a warranty. By signing this application, you agree to maintain the security and safeguards at your premise(s) as you have indicated on the application. In the event the protection is not maintained and a loss occurs, coverage may not be provided. I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

Signing this application does not bind the insurer or insured for ANY insurance coverage's. The application must be signed for coverage to be bound.

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.



Signature of applicant	Title	Date
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Signature of producing agent	Title	Date
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Agency name and address	Phone number
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Additional interests to be listed on policy for **THIS LOCATION** and their **SPECIFIC INTEREST**:

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

Mortgagee Loss Payee Additional insured Other: (explain) _____

Name and address: _____

What is their interest: _____ (*Building, inventory, landlord, etc.*)

