

ADDITIONAL locations... (Specialty Insurance application)



Policy # _____ (If applicable)

Location: _____ of _____ (Complete one for each additional location.)

First Named Insured: _____

Secondary Location Name if different: _____

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

Mailing address for this location will be the same as the primary location on the policy.

Effective date: _____

LOCATION address: _____

How long have you owned this location? _____

What is this location used for? Pawnshop Buy/sell Check Cashing Auto Pawn ____% Title Pawn ____%

Other: (Describe) _____

GENERAL Information about this location:

Gross Sales \$ _____ Interest &/or fees from pawns \$ _____ Gun & ammo sales \$ _____

How is stock inventory kept at this location: Computer Manual system

Business hours at this location: From: _____ to: _____ Hours vary on weekend slightly.

Minimum number of employees/owners on the premises at any time? _____ Total employees at location: _____

Are all employees handling firearms properly trained if applicable? Yes No NA (Meaning no firearms on premises.)

Is ammunition or gun powder sold properly stored? Yes No NA (Meaning no firearms on premises.)

Any gunsmith or firearm repair done at location? Yes No If yes, describe: _____

Year building built: _____ (whether we are insuring or not) Is building sprinklered? Yes No

Square footage: _____ # of stories? _____ Is there a basement? Yes No If yes, sq. feet? _____

Year of updates (if older than 20 years): Roof: _____ Plumbing: _____ Electrical: _____ Heating: _____

Construction: Frame Joisted Masonry Masonry non-combustible Non-combustible Other: _____

Do you own the building? Yes No Required by lease to insure.

If yes, how is the building titled? _____

If so, do you lease space to others? Yes No N/A Type of business leasing to? _____ Sq. feet: _____

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: _____

Limits should be based upon the same valuation method as primary location. If different, provide details.

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

Named Insured: _____

OPTIONAL coverage's for this location:

Limits Desired:

Business computer(s): Hardware (equipment) _____
(Total limits over \$50,000-attach schedule) Software (data & media) _____
In transit _____

Money & Securities: Inside the store _____
Outside the store _____

Signs/awnings: _____

Mechanical breakdown for building(s): _____

Ordinance or law: (Must insure building to provide coverage.) Include
Increased construction – coverage B _____
Demolition limit – coverage C or; _____
Combined B & C limit: _____

Sewer Backup: (up to a \$50,000 limit available) _____

Peak Season:
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.

COVERAGE extensions – property:

Limited Included:

Limits Desired:

Accounts receivable: \$ 25,000 _____
Dealer/memoing: (unpledged) \$ 1,000 _____
Inventory off premises: (pledged & or unpledged) \$ 1,000 _____
Property in transit shipments: (PO Express, Merchants & Armored) \$ 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 for this location:

Do you store any pledged &/or unpledged property off premises in a bank? No Yes

If yes, do you want to insure 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: _____

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: _____

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

Signature of producing agent Title Date

Agency name and address Phone number

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.*)

