

Agency Name:
 Address:
 Contact Name:
 Phone:
 Email:

PAWN SHOP SUPPLEMENTAL APPLICATION

TO BE USED WITH COMMERCIAL GENERAL LIABILITY APPLICATION (ACORD 125)
 All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name And Mailing Address	Agent / Producer Information
_____ _____ _____ Business Name or Trading Name: _____	_____ _____ _____ Applicant's Phone Number: _____ Applicant's Web Address: _____
Applicant is: <input type="checkbox"/> Individual (Include Date of Birth): _____ <input type="checkbox"/> Partnership (include Dates of Birth): _____	

GENERAL BUSINESS OPERATIONS

Provide details of all "No" responses

1. The applicant is subject to laws governing operations as a Pawn Shop or Pawnbroker: Yes No
 Please indicate which at what level: County Federal Municipal State Township
 Indicate below which federal, local, or state regulations the applicant adheres to:

2. Please provide (or N/A) License # _____ Expiration Date _____
3. The applicant's license has never been suspended, refused, or revoked: (IF NO, EXPLAIN) Yes No
4. The applicant has not received any corrective action within the past 3 years: (IF NO, EXPLAIN) Yes No
5. The applicant has never been the subject of a police inquiry in the matter of the recovery of stolen goods: Yes No
IF YES, PLEASE PROVIDE COMPLETE DETAILS AND WHAT CHANGES HAVE BEEN MADE TO AVOID FUTURE INCIDENCE
6. The applicant provides an "Acceptance of Goods Policy" to employees outlining responsibilities when acquiring pledged goods: Yes No
7. If the applicant operates a check-cashing operation from the premises, complete the following; or: N/A
 Transactions are conducted in an area separated from the pawn shop area: Yes No
 If yes, please indicate the square footage occupied by that entity:..... _____
8. If the applicant rents or loans any goods or equipment to others, complete the following; or: N/A
PROVIDE A COMPLETE DESCRIPTION AND A COPY OF THE RENTAL AGREEMENT (USE A SEPARATE SHEET IF NECESSARY)

9. If the applicant operates another business from the same premises, complete the following; or: N/A
 Describe the type of business: _____
 The business is conducted in an area separated from the pawn shop area: Yes No
 The applicant does not share employees between the two entities: Yes No
10. The applicant does not permit employees access to any firearm for personal protection during business hours: Yes No

TOTAL ANNUAL GROSS SALES FROM ALL BUSINESS OPERATIONS:

Provide estimated total gross sales for the following (If none, so state or N/A):

Total Gross Receipts	Years	Goods	Rental	Firearms	FFL Fees
Next Year (Estimate)	<input type="text"/> to <input type="text"/>	\$ _____	\$ _____	\$ _____	\$ _____
Current Year	<input type="text"/> to <input type="text"/>	\$ _____	\$ _____	\$ _____	\$ _____
First Prior Year	<input type="text"/> to <input type="text"/>	\$ _____	\$ _____	\$ _____	\$ _____
Second Prior Year	<input type="text"/> to <input type="text"/>	\$ _____	\$ _____	\$ _____	\$ _____
Third Prior Year	<input type="text"/> to <input type="text"/>	\$ _____	\$ _____	\$ _____	\$ _____

MAINTENANCE OF PLEDGED GOODS:

Provide details of all "No" responses

A COMPLETE COPY OF YOUR PAWN TICKET AND SALES RECEIPT MUST ACCOMPANY THIS APPLICATION FOR REVIEW

- All employees are required to fully document each pawned item (pledged goods) on the receipt: Yes No
- Employees verify the customer understands the entire contract before they assign the pledged goods: Yes No
- The following documentation is used to record ownership of the item being pawned: (CHECK ALL THAT APPLY); OR N/A
 Drivers' License Legal Photo ID (state or military issue) Original Sales Receipt Original Title
 Other: _____
- Only the original owner is permitted to collect pledged goods, and only when presenting the original receipt: Yes No
 If No, what identification is required when releasing pledged goods to someone other than the original owner?
 Drivers' License Legal Photo ID (e.g., state or military issue) Other: _____
- Records are maintained: Electronically Manual/paper copies
 Duplicate or "back up" record of all pawn transactions are maintained: Yes No
 Where are the duplicate or "back up" record kept: _____
 Inventory records of pledged goods are verified or updated: Weekly Monthly Quarterly
 Other _____
 Location of stored pledged goods: _____
- How does the applicant establish the value of an item? _____
- The applicant does not perform appraisal services for others (OTHER THAN PLEDGED GOODS): Yes No
- The applicant does not accept trucks or automobiles as collateral in exchange for a loan: Yes No
- The applicant does not accept motorized or recreational vehicles as collateral in exchange for a loan:..... Yes No

SALE OF PREOWNED GOODS BY YOU TO OTHERS:

Provide details of all "No" responses

- The Consumer Product Safety Commission Recall Page is consulted before the resale of items: Yes No
- The sales receipt contains an "as is" statement stating pre-owned merchandise is not in the same condition when it was originally manufactured and requires the buyer to acknowledge you assume no responsibility once the customer has purchased the item: Yes No
- The applicant does not restore, repair or refinish any forfeited inventory prior to selling: Yes No
- The applicant does not provide any warranties or guarantees of fitness or merchantability of any product sold: Yes No
- All items held for sale are displayed safely and aisles are kept free from hazards: Yes No

PROTECTIVE SAFEGUARDS

- Type of protective safeguard system check all that apply: or: N/A
 Automatic Burglary Alarm protecting the entire building, that signals to an outside central station or police station
 Automatic Burglary Alarm protecting the entire building, with a loud sounding gong/siren on the outside of the building
 Security Service making hourly rounds covering the entire building, when the premises are not in actual operation.
 Other: _____

GUNSMITH / ARMORY SERVICES

Explain any No response in the notes section below

- 1. If the applicant provides any gunsmith or armory services complete the following, or: N/A
- 2. The applicant does not design, build, manufacture, or assemble firearms from parts for sale or distribution: Yes No
- 3. If the applicant modifies any weapon to perform in a manner other than the original manufacturer intended, provide a description of the type of modifications below, or: N/A

- 4. If the applicants premises includes a shooting lane or range complete the following, or: N/A
 Number of lanes:
 Limited to employee or customers to fire weapons serviced by the applicant only: Yes No

PROTECTIVE SAFEGUARDS

- 1. Applicant verifies firearms inventory records: Weekly Monthly Quarterly Other (details)

2. Describe how weapons are secured after business hours

- 3. Describe where keys are kept and who has access after business hours:

NOTES SECTION

PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

IMPORTANT NOTICE: As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics, and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

FRAUD STATEMENT – FOR THE STATE(S) OF:

Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:

NOTICE: Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

Alaska

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

California

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:

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

Delaware, Idaho:

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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.

Indiana

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kansas

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, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Kentucky

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine, Tennessee, Virginia, 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, or a denial of insurance benefits.

Massachusetts, Nebraska, Vermont:

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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

Minnesota

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

New Jersey

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

New York

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 shall also be subject to a civil penalty not to exceed five thousand dollars 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 knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

Producer's Signature

Date

Applicant's Signature

Date