

Additional Location supplemental application
 (Complete one for each additional location.)

Policy # _____ (If applicable)

Location: _____ of _____

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? _____

GENERAL Information about THIS LOCATION:

What is this location used for?

Pawnshop Buy/sell/trade Check Cashing Auto Pawn ____% Title Pawn ____% OTHER: describe below.

OTHER: (Describe) _____

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 ammo sold.)

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

Year building built: _____ (whether we are insuring or not)

Is the building equipped with a functioning sprinkler system inside? Yes No If yes, last inspected? _____

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) **Includes exterior glass/fences** _____

Business Personal Property – Furniture/Fixtures: RC ACV **Includes exterior glass** _____

Tenants Improvements & Betterments (Includes interior glass): _____

Business income - Monthly Limitation: 1/3 1/4 1/6 **(72 hour deductible)** _____

Pledged (pawned or not owned items) **OTHER THAN** firearms and jewelry: _____

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

Pledged (pawned or not owned items) firearms and jewelry: _____

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

DEDUCTIBLES:

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

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

GENERAL LIABILITY limits of insurance and extensions:

Per Occurrence Limit: \$1,000,000

Firearms Product Liability: \$100,000 \$300,000 **Higher limit may be available, ask underwriting if needed*

Increase Fire Legal Liability (\$100,000 included): \$250,000 \$500,000

AUTO PAWN COVERAGE: Physical damage for pawned *vehicles Limit needed: _____

(*Vehicles including motorcycles subject to motor vehicle registration.)

There is NO coverage available for ANY owned vehicles. There is NO coverage for TEST DRIVING of the vehicles. We discourage the use of dogs as security as they are excluded from the policy.)

Are pawned vehicles kept on the premises? No Yes

If not, provide full address: _____ approximate miles? _____

Approximately how many vehicles do you pawn per month? _____

What is the highest valued vehicle in pawn? _____ Average value? _____

Describe security where vehicles are stored while in pawn. _____

If vehicles are not redeemed in pawn, what do you do with the vehicles? _____

A separate questionnaire may be required to determine eligibility.

OPTIONAL COVERAGES: Limits Desired:

Ordinance or law:	(Must insure building to provide coverage.)	<input type="checkbox"/> Include
	Increased construction – coverage B	_____
	Demolition limit – coverage C or ;	_____
	Combined B & C limit:	_____
Business computer(s):	Hardware (Data processing equipment	_____
	Software (Data media)	_____
Equipment breakdown for building(s):		_____

PEAK SEASON COVERAGE: Limit: _____

Coverage to automatically increase your firearms and jewelry limit during a specific time period.

Peak season coverage for firearms and jewelry coverage: From _____ to _____ (at least 2 months)

COVERAGE extensions – property: Limited Included: Increased Limit Desired:

Valuable papers and records:	\$	100,000	_____
Inventory off premises: (pledged & or unpledged)	\$	2,500	_____
Dealer/memo: (unpledged)	\$	5,000	_____
Show windows – non business hours:	\$	2,500	_____
Property in transit shipments: (PO Express, Merchants & Armored)	\$	25,000 **	_____
Registered mail shipments:	\$	50,000 **	_____
**To increase shipments coverage advise approximate number of shipments per month? _____			
Accounts receivable:	\$	50,000	_____
Sewer Backup:	\$	25,000	_____
Outdoor Signs:	\$	5,000	_____
Money & Securities:	\$	5,000 inside	_____
	\$	5,000 outside	_____

ADDITIONAL COVERAGES 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? _____

PREMISES PROTECTION:

Complete all sections: IMPORTANT EACH ITEM BELOW COULD RESULT IN A CREDIT.

1. **Burglar alarm:** NONE Local (rings at premise) Police connect Central Station UL Certified–Certificate attached
 I have alarm contacts on the following: All exterior doors All exterior 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 PROTECTION:** NONE Local (rings at premise) Police connect Central Station
 My safe(s) have alarm contacts on the: Safe door(s) have contacts Safe wall(s) contacts Motion detectors on safe(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	Compartmental?
1			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
2			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
3			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
4			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

SAFE/VAULT – IF UL RATING NOT PROVIDED ABOVE – COMPLETE THE FOLLOWING:

	Thickness of walls:	Thickness of doors:	Construction of walls: (steel, concrete)
1			
2			
3			
4			

OTHER SECURITY PROTECTION: Guard on premises Armed Guard dogs Bulletproof glass Bars on windows
 Roll-down gate(s) Smash proof glass on showcases Surveillance camera(s) with recorder Mantrap door (in/out of store)
 Other: _____

SAFE STORAGE AT CLOSE OF BUSINESS: *Firearms (not including long guns) and jewelry*

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%)**

How do you protect your **long guns** in the store **during business hours?** Cabled/locked Roll down gate Caged
 Other: _____

At **close of business** how do you secure **long guns** in the store? Cabled/locked Roll down gate Caged Locked gunroom
 Other: _____

Insured: _____ Policy #: _____

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

Name and address: _____

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

Mortgagee Loss Payee Additional insured

Name and address: _____

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

Mortgagee Loss Payee Additional insured

Name and address: _____

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

