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UNION LIFE & CASUALTY INSURANCE AGENCY

Specialized Solutions

Date: _____ **Renewal Application for policy #** _____

Renewal effective: _____

Named Insured: _____

Location address: _____

The insurance for the above policy is coming up for renewal! To renew this policy, please complete the following information in order to ensure we have the most current information about the business. This information should be done for each location. **Answer the following questions about the business.**

1. Any changes to the operating procedures and or changes made to safes & or alarm systems in the past year? If so, tell us about it. _____ **NO CHANGES, otherwise note on second page in comments section.**
2. Have there been any other changes to the operation; such as, change in ownership, change in named insured shown on the policy, locations acquired/sold, etc.? _____ **NO CHANGES, otherwise note in comments section.**
3. Any potential or unreported losses to date that are known? _____ **NONE TO REPORT**
4. Any changes to landlords, mortgagees or any other additional interests listed on policy? _____ **SAME as expiring**

Let's get some details about the location address:

What is this location used for? Pawnshop Buy/sell/trade Check Casher Consignment Coin Dealer Music Store
Other: (Describe) _____
Describe typical items in store: _____
Does your business deal in title loans? No Yes If so, less than 25% of overall operation? NA No Yes

Gross Sales \$ _____ Interest &/or fees from pawns \$ _____ Gun & ammo sales \$ _____
If gun sales over 30%, how much of the gun sales are from new firearms? _____ NA not over 30%
What type of Federal Firearms License (FFL) does your business hold? _____

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: _____
Does your company offer any special classes onsite? (Concealed weapons training, hunting, etc.) No Yes
Do you sell any type of tobacco products, including vaporizers? No Yes

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: _____

____ **UPDATE** my property values as shown below. (Otherwise we will quote per expiring.)

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: _____

AUTO PAWN UNDERWRITING INFORMATION: NA (Meaning do not deal in auto pawn or do not wish to insure)

If PAWNSHOP operation: Do you take in pawn automobile or motorcycles? ? No Yes

If you deal in auto pawn, are auto pawn sales less than 25% of overall operation? No Yes If No, what percent? _____

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.)

Approximate value of autos in pawn? _____ Are pawned vehicles kept on the premises? No Yes

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

Describe security where vehicles are stored while in pawn? _____

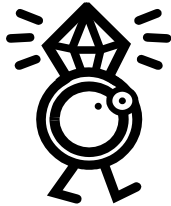
If vehicles are not redeemed in pawn, what do you do with the vehicles? _____

A separate questionnaire may be required to determine eligibility.

Let's make sure we have the valuation method correct for the pledged and unpledged property?

The limits provided should equal the valuation method selected below for each.

(REFER to specific valuation method wording within policy)



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.

____ **All deductibles should remain the same unless changed by carrier.**

____ **All other coverage's on my current policy should be quoted unless changes are noted by carrier.**

Additional Comments:

____ **I am interested in receiving a quotation for excess liability.**

____ **I am interested in receiving a quotation for workers compensation coverage.**

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 upon acceptance of a proposal. The purpose of this quick renewal application is to update information on file. More information could be needed depending upon the information received.

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.



Completed by: Business owner	Title	Date
Contact name: _____	Email address: _____	
Phone #: _____	Website: _____	

____ Agency Information and Producer Contact information above

CHANGE TO Additional interest listed on policy for THIS LOCATION and SPECIFIC INTEREST:

Mortgagee Loss Payee Additional insured

Name and address: _____

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