

Main Sales Insurance Solutions, Inc.

8880 Cal Center Drive Sacramento, CA 95826

Phone: 916 361 6581 Fax: 916 290 9679

Lic# CA #0H23484

PAWN BROKERS APPLICATION

Agency Name: _____

Contact Name: _____

Phone Number _____ Email: _____

Insured Name: _____

Address: _____

Contact (Name & Phone): _____

ELIGIBILITY QUESTIONS (CHECK BOXES IF YES)

- Does applicant conduct operations not described in this application?
- Any bankruptcies, tax or credit liens against the applicant in the past five years?
- Any policy or coverage declined, cancelled or non-renewed during the prior three years?
Explain _____
- Applicant convicted of any crime of arson in past 5 yrs?
- Are armed security guards or guard dogs used at any building?
- Operations have basement storage?
- Is a complete criminal check done on all employees hired?
- Have there been any claims, suits, or incidents that could result in a claim?
-

Years in Business: _____

Years of Management: _____

UNDERWRITING QUESTIONS

What percent of stock is guns _____

Yes No Is ammunition sold?

Yes No Do you offer any sort of guarantee or warrantee?

Yes No Do you restore, repair, service, or refinish any inventory?

Yes No Are you bonded?

Yes No Are employees bonded?

Describe where are firearms kept on premises and under what control?

Describe training provided to individuals handling firearms:?

Describe how you establish the value of any item? _____

Describe how you hire employees: _____

What is the percent charged on loans: _____

Describe how stock inventory is kept: _____

How often are inventory records updated? _____

Describe items taken into pawn: _____

What are your annual projected gross revenues from the pawn brokers business: _____

(Note: Include all revenues not limited to merchandise sales only)

List percentages of gross revenues:

Retail _____ Pawn Broker _____ All other stock _____

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Settlement option for stock (check all that apply)				
	Cost plus accrued interest	Replacement Cost	Two times pawn	Three times pawn
Pawned guns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pawned jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned guns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pawned other stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned other stock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide additional information that may assist in settlement of loss or claim: _____

LOCATION QUESTIONS

Address: _____

Type of Construction? _____ Year Built: _____

Protection Class _____ Percentage of Building Sprinklered? _____

Yes No Are Premises Shared with Others?

List Loss Payees: _____

Limits

Pledged Items, Guns and Jewelry Limit: _____

Unpledged Items, Guns and Jewelry Limit: _____

Pledged Items - Other than guns, and Jewelry Limit: _____

Unpledged Items - Other than guns, and Jewelry Limit: _____

Business Income and Extra Expense: _____

Accounts Receivable: _____

Valuable Papers: _____

Deductible: _____

Inventories

Inventories	Amount:	Date Taken:
Last Stock Inventory was		
Previous Stock Inventory (at least 6 months prior) was		

Show separately amount actually loaned and unpaid plus accrued interest at legal rate on pledged property	
Show separately amount actually loaned and unpaid plus accrued interest at legal rate on pledged property	
Maximum Amount of Stock in the Last 12 Months Did Not Exceed	
Amount actually loaned and unpaid plus accrued interest at legal rate on pledged property	

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SECURITY

Premise Protection (Underwriter Laboratory Alarm Graders)

Type _____

Extent _____

Line Grade _____

U.L. Certificate No. _____

Expiration Date: _____

Name of Alarm Company

Yes No If no U.L. Certificate does alarm have line security?

The system incorporates an ambush or distress signal facility or feature

The alarm company monitors and records each arming and disarming of the system

Motion Detectors in Place Cell Phone Connect Radio Connect

Yes No Do you have a safe?

Yes No Do you have a vault?

Building Access

of Entrances Open to General Public

of Entrances Not Open to General Public

Yes No

Two Persons Present at Opening and Closing

Yes No

All Entrances and Exits are Kept Locked at the Start or Close of Each Business Day while Placing or Removing Stock from Valuts or Safes.

No Customers Admitted until Stock is Secure

Yes No Money Held Overnight

Security

Yes No Watchmen

Yes No Watchperson Reporting to Central Station

Yes No Surveillance System

Yes No Are the premises shared with or occupied by any other party?

Yes No Is there any common access to the premises?

Yes No Does any other party have access to the premises from any other part of the building?

Other

Yes No There is a buzzer entry/exit system?

Security Cameras

Yes No Are the premises equipped with a Video Security system?

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GIVE FULL PARTICULARS OF

All Safes and Vaults on the premises in which property is kept including details of any Time Locks, and/or Relocking devices fitted	Safe/Vault #1		Safe/Vault #2	
	Name	<input type="text"/>	Name	<input type="text"/>
	Model	<input type="text"/>	Model	<input type="text"/>
	Underwriters Laboratory (U.L.) Class or rating	<input type="text"/>	Underwriters Laboratory (U.L.) Class or rating	<input type="text"/>
	Lock Details	<input type="text"/>	Lock Details	<input type="text"/>

Yes No Are all the protections described for safes, vaults, and alarms above regularly maintained under contract with the installer or manufacturer and in accordance with the manufacturer's instructions?

AT ALL TIMES WHEN THE PREMISES ARE CLOSED FOR BUSINESS THE STOCK INCLUDING OTHER PEOPLE'S GOODS WILL BE KEPT AS STATED BELOW:

At the premises the proportion by value of such property kept locked in each safe and vault as described and protected above will be

Safe/Vault #1	Safe/Vault #2
<input type="text"/> %	<input type="text"/> %

In safes or vaults of banks or safe deposit box companies the proportion by value of total stock, including other people's goods, will be %

PRIOR INSURANCE

PRIOR Losses

Date	Description of Loss	Claim Amount	Corrective Acton Taken

Any person who knowingly includes any false or misleading information on an application for an insurance policy commits a fraudulent act and is subject to fines, imprisonment, or other criminal and civil penalties. I/We declare that the answers and declarations above, whether in my own hand or not, are true and that I/We warrant that no material fact has been withheld or mis-stated. I/We agree that the answers and declarations shall constitute material warranties of any policy issued. I/We further understand that the Underwriters may declare any policy issued void in the event of any false statement, misrepresentation, omission or concealment in this Proposal Form whether made intentionally, innocently or accidentally. Note: This Application must be answered and the declaration signed and dated in ink by one of the named owners or directors above.

Date: Signature of Applicant: _____
(Print Name):

Signature of Agent: _____