



PAWN SHOP SUPPLEMENT

First Named Insured \_\_\_\_\_

UNDERWRITING INFORMATION

General Section

- 1. Are you bonded? ... Are your employees bonded? ...
2. Describe your employee hiring procedures.
3. Total gross sales \$ ... Total interest earned on loans \$ ... Total payroll \$ ...
4. Minimum number of employees/owners on the premises at any time ... Total employees ...
5. Has your license been suspended or revoked within the past five years?
6. Has any employee or owner ever had any prior convictions for illegal activities?
7. Do you offer any sort of guarantees or warranties?
8. Receipts from the sale of firearms \$
9. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized vehicle?

Property Section Complete only if coverage is desired.

- 1. Is coverage requested for pawned items?
2. Is coverage requested for burglary?
3. Do you have a safe?
4. Where is jewelry (valued at over \$500) stored when the premises are closed for business?
5. Do you perform any refinishing or restoration on the premises?
6. If black powder is sold, is it stored in an approved magazine?
7. How are the value of items established (Blue Book, Orion Book, other listing, etc.)?
8. How is stock inventory kept: Computer Printout Manual
9. Frequency of inventory updates
10. Are copies of the records stored off-site?
11. Breakdown of stock based on your last inventory:
a. Guns
b. Jewelry
c. Electrical Equipment
d. Musical Instruments
e. Computers
f. Miscellaneous Stock

12. Describe all contracts and/or Hold Harmless Agreements, whether written or oral (dates, contracting parties, cost).

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**IMPORTANT NOTICE**

**DECLARATION**

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. I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

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Signature of Applicant	Title	Date
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Signature of Producing Agent	Date
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Agent Name and Address

## **IMPORTANT NOTICE REGARDING COMPENSATION DISCLOSURE**

For information about how Northfield compensates its agents, brokers and program managers, please visit this website:

[http://www.northlandins.com/Producer\\_Compensation\\_Disclosure.asp](http://www.northlandins.com/Producer_Compensation_Disclosure.asp)

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northfield Insurance Company, c/o Law Department, 385 Washington St., St. Paul, MN 55102.