

PRIOR CARRIER INFORMATION

LINE	CATEGORY	CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE		CLAIMS MADE		OCCURRENCE	
GENERAL COMMERCIAL LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	RETRO DATE																
	EFF-EXP DATE																
	GENERAL AGGREGATE																
	PRODUCTS COMP OP AGGREGATE																
	PERSONAL & ADV INJ																
	EACH OCCURRENCE																
	FIRE DAMAGE																
	MEDICAL EXPENSE																
	BODILY INJURY	OCCURRENCE															
		AGGREGATE															
	PROPERTY DAMAGE	OCCURRENCE															
	AGGREGATE																
COMBINED SINGLE LIMIT																	
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
AUTOMOBILE LIABILITY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	COMBINED SINGLE LIMIT																
	BODILY INJURY	EA PERSON															
		EA ACCIDENT															
	PROPERTY DAMAGE																
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	BUILDING	AMT															
	PERS PROP	AMT															
MODIFICATION FACTOR																	
TOTAL PREMIUM																	
PROPERTY	CARRIER																
	POLICY NUMBER																
	POLICY TYPE																
	EFF-EXP DATE																
	LIMIT																
	MODIFICATION FACTOR																
	TOTAL PREMIUM																

LOSS HISTORY

ENTER ALL CLAIMS OR LOSSES (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS (3 YEARS IN KS & NY)

DATE OF OCCURRENCE	LINE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	DATE OF CLAIM	AMOUNT PAID	AMOUNT RESERVED	CLAIM STATUS
						OPEN/CLSD

REMARKS	NOTE: FIDELITY REQUIRES A FIVE YEAR LOSS HISTORY	ATTACHMENTS
		STATE SUPPLEMENT(S) (if applicable)

COPY OF THE NOTICE OF INFORMATION PRACTICES (PRIVACY) HAS BEEN GIVEN TO THE APPLICANT. (Not applicable in all states, consult your agent or broker for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.



PAWN SHOP SUPPLEMENT

First Named Insured _____

UNDERWRITING INFORMATION

General Section

- 1. Are you bonded? Yes No Are your employees bonded? Yes No
- 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? Yes No
- 6. Has any employee or owner ever had any prior convictions for illegal activities? Yes No
If yes, explain. _____
- 7. Do you offer any sort of guarantees or warranties? Yes No
If yes, describe. _____
- 8. Receipts from the sale of firearms \$ _____
- 9. Do you pawn or sell autos, watercraft, recreational vehicles or any other type of motorized vehicle? Yes No
If yes, describe. _____

Property Section *Complete only if coverage is desired.*

- 1. Is coverage requested for pawned items? Yes No
- 2. Is coverage requested for burglary? Yes No If yes, limit (maximum \$10,000) _____
- 3. Do you have a safe? Yes No
If yes, describe (include certificate #). _____
- 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? Yes No
If yes, describe. _____
- 6. If black powder is sold, is it stored in an approved magazine? Yes No
- 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? Yes No
If yes, indicate address. _____
- 11. Breakdown of stock based on your last inventory:

	Pledged		Unpledged
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).

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.

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