



WEXLER INSURANCE AGENCY, INC.
 WEXLER, WASSERMAN & ASSOCIATES INSURANCE AGENCY, LLC or
 WASSERMAN & WEXLER, LLC



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**PAWNBROKER'S COMMERCIAL PACKAGE POLICY
 APPLICATION FOR INSURANCE**

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY FOR FASTER SERVICE.

ASSURED'S INFORMATION

Name of Assured: _____

Business Address : _____
 (Street/City/ST/Zip) _____

Telephone: _____ Fax: _____ Cellular: _____

Key Management Personnel: (List Name, Age, Job Description, Length of Employment, % of Ownership)

State &/or National Association Pawnbroker Memberships:

Requested Effective Date: _____ To: _____

Type of Business: Corporation Partnership Individual Other: _____

PREMISES INFORMATION

A. Year Built: _____

B. Construction: Frame Joisted Masonry Masonry Non-Combustible
 Non-Combustible Fire Resistive Modified Fire Resistive

C. County Where Located: _____

D. Year of Updates: Heating: _____ Roof: _____ Electrical: _____
 Plumbing: _____

E. Sprinklered: Yes No

F. Is your premises located in a Coastal Area as defined below? Yes No

If "Yes", Miles From Coast? _____

* Coastal Area is Defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, MS, LA, TX, GA, SC, NC, & NJ

G. Fire/Smoke Alarm: Local Police Central Station None

H. No. of Stories: _____ Sq. Footage: _____ Sq. Footage Open to Public: _____

- Do you occupy the entire building? Yes No

- Who are the other building occupants? _____

I. Do you own the building? Yes No

- Do you lease space to others? Yes No

- If "Yes", do building Tenants include Habitational Exposures (i.e. Apartments, Condos, etc....) Yes No

Please explain: _____

- If "Yes", are all Habitational tenants required to maintain Renters Insurance, naming you (the Landlord) as an Additional Insured as part of your lease agreement? Yes No

- If "Yes", what limit are your Habitational tenants required to maintain in respect of General Liability? _____

- Are any Tenants located in Buildings insured under this Policy engaging in any of the following types of Businesses (Check all that apply):

Bowling Alleys Day Cares Grain/Seed/Fertilizer Storage Silos

Nightclubs/Bars Nursing Homes Oriental Rug Dealers/Manufacturers

Pallet Manufacturers/Storage Sawmills Tire Manufacturing/Storage

Video Arcade/computer Games and/or Related Businesses

Oil, Gas and Petrochemical risks Whether Manufacturing, Processing or Bulk Storage

- If "Yes", are such Tenants required to maintain a minimum limit of Insurance, naming you (the Landlord) as an Additional Insured as part of your lease agreement? Yes No

- If "Yes", what limit are such Tenants required to carry in respect of General Liability? _____

UNDERWRITING INFORMATION

A. Nature of Business Based On:

Retail Sales: _____ % Pawnbroking: _____ % Other: _____ %

Describe "Other": _____

Describe items Taken into Pawn: _____

B. Gross Sales: \$ _____ Net Income: \$ _____

Total Payroll: \$ _____ Interest from Pawn: \$ _____

C. How long have you conducted business at this location? _____ Elsewhere?: Yes No

D. If "Yes", please provide address: _____

E. Normal Business Hours: _____ To: _____

F. Minimum Number of Employees on Premises at Any One Time: _____

Number Full-Time: _____ Number Part-Time: _____

G. Where are Firearms Kept On-Premises and Under Whose Control?: _____

Describe Training Provided to Individuals handling Firearms: _____

H. If Ammunition or Gun Powder is Sold, how is it Stored?: _____

I. Do You Offer Any Sort of Guarantee or Warranty?: Yes No
If "Yes", Attach Copy to this Application.

J. Do You Restore, Repair, Service, or Refinish any Inventory?: Yes No
If "Yes", Describe: _____

K. How Do You Establish the Value of Any Item?: _____

L. Please Describe Your Employee Hiring Practices: _____

Are You Bonded? Yes No Are Your Employees?: Yes No

M. Percent Charged on Loans: _____ %

N. How is Stock Inventory Kept?: _____

UNDERWRITING INFORMATION CONTINUED

O. How Often are Inventory Records Updated?: _____

P. Have You Changed any of Your Security Devices or Procedures in the Last 12 Months?: Yes No

If "Yes", Explain: _____

PRIOR CARRIER/LOSS INFORMATION

A. Who is Your Present Ins. Carrier?: _____

Who Was Your Prev. Ins. Carrier?: _____

B. Losses: Attach a Statement Describing All Losses (Insured or Uninsured) During the Last 5 Years.
Please Include Name of Prior Carriers and Effective Dates of Coverage: _____

C. Has Any Insurer Ever Cancelled or Refused to Issue or Continue Any Insurance for You?: Yes No

If "Yes", Please Attach Statement Covering Details: _____

PREMISES PROTECTION (CHECK ALL THAT APPLY)

A. Burglar Alarm: None Local Police Connected Central Station

Contacts On: All Doors All Windows Floors Ceiling

All Walls Battery Back-Up Infrared Motion Detectors

Audio Monitor Digital Line Radio Transmitter Multiplex Line

Direct Wire Line Cellular DSL Satellite

Video Recording Bars on Windows

Maximum Response Time: _____ Name of Monitoring Co.: _____

Installation Date: _____

B. Hold-Up Alarm: None Local Police Connected Central Station

of Signal Buttons: _____ Max. Response Time: _____

Name of Monitoring Co.: _____

Installation Date: _____

C. Safe/Vault: Number of Safes or Vaults: _____

Describe Each Safe or Vault:

Safe #	Manufacturer	UL Certificate #	Type Safe (i.e. TRTL-30)	Timelock Y/N	Relock Y/N
1	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

D. Safe Alarm: None Local Police Connected Central Station

Maximum Response Time: _____ Installation Date: _____

Extent of Protection: Motion Detector Vibration Detector Proximity Detector Door Contact

Digital Line Battery Back-Up Direct Wire Line Multiplex Line

Radio Transmitter Satellite Cellular Back-Up DSL

Name of Monitoring Co.: _____

IF ADDITIONAL OPTIONAL COVERAGES ARE REQUIRED, PLEASE COMPLETE THE FOLLOWING:

Optional Coverages required must be indicated by an "X"	Limits
<input type="checkbox"/> Money & Securities - On/Off Premises (\$10,000/\$10,000 is included in policy):	
If Higher Money Limit Is Required, Please Specify	<input type="checkbox"/> Other: _____
Average Value of Money & Securities On-Premises:	\$ _____
# of Bank Deposits per Day:	_____
Average Value of Deposits:	\$ _____
Means of Transporting Money & Securities:	_____
<input type="checkbox"/> Building Code Ordinance:	\$ _____
<input type="checkbox"/> Computer (\$10,000 Hardware & \$10,000 Software are Included):	Hardware: \$ _____
Deductible: \$ 250.00	Software: \$ _____
	In Transit: \$ _____
<input type="checkbox"/> Replacement Cost Glass:	\$ _____
<input type="checkbox"/> Signs:	\$ _____
<input type="checkbox"/> Valuable Papers (\$25,000 Limit Included in Policy):	\$ _____
<input type="checkbox"/> Increased Fire Legal Liability to \$300,000	
<input type="checkbox"/> Property Off-Premises:	\$ _____
<input type="checkbox"/> Local Travel # of Days per Year: _____	
<input type="checkbox"/> Non-Local Travel # of Days per Year: _____	
<input type="checkbox"/> Merchandise in Custody of Another Dealer in Trade:	\$ _____
<input type="checkbox"/> Loss of Business Income Per Loss Aggregate: <u>Actual Loss Sustained Up to 12 Consecutive Months</u> <u>Subject to a maximum of the per-loss Aggregate Limit</u>	Total Per Loss Aggregate Limit: \$ _____
<input type="checkbox"/> Windstorm Deductible:	% _____
<input type="checkbox"/> Employee Dishonesty (\$15,000 included in Policy):	\$ _____
<input type="checkbox"/> Shipments (Guns & Jewelry):	
Registered Mail:	\$ _____
Armored Carrier:	\$ _____
Merchants Parcel:	\$ _____
<input type="checkbox"/> Stop Gap Employer's Liability Coverage: *	\$ _____
* Only available in North Dakota, Ohio, Washington, and Wyoming.	
<input type="checkbox"/> Property Coverage for Vehicles Subject to Motor Vehicle Registration: **	\$ _____
** Included up to or within the Pledged/Owned Other Stock limit up to a maximum limit of \$250,000. Auto Pawn coverage is subject to vehicles being kept in a locked fenced-in area or garage. If higher limits of insurance is require please advise your agent.	
<input type="checkbox"/> Accounts Receivable (\$25,000 Limit Included in Policy):	\$ _____
<input type="checkbox"/> Show Windows (Guns & Jewelry): ***	\$ _____
Open/Protected ONLY: (Included within Pledged /Owned Guns & Jewelry Limit)	
***THIS COVERAGE APPLIES TO ITEMS IN PROTECTED SHOW WINDOWS AT INSURED'S PREMISES WHILE OPEN TO BUSINESS ONLY. WINDOWS ARE CONSIDERED PROTECTED ONLY WHEN THE MERCHANDISE IS DISPLAYED BEHIND SWINGING PLATE GLASS, BEHIND METAL BARS OR GRILLES ENTIRELY ACROSS THE WINDOW OR BEHIND SHATTER-PROOF GLASS OR WINDOWS LAMINATED WITH APPROVED SHATTER RESISTIVE FILM.	

COMPLETE THIS PAGE ONLY IF YOU WANT COVERAGE BASED ON SEPARATE INDIVIDUAL LIMITS OF INSURANCE IN RESPECT OF BUSINESS FURNITURE & FIXTURES INCLUDING IMPROVEMENTS & BETTERMENTS & OFFICE CONTENTS, PLEDGED & OWNED GUNS & JEWELRY, AND PLEDGED & OWNED OTHER STOCK. IF A COMBINED BLANKET LIMIT OF INSURANCE IS REQUIRED PLEASE CONTACT YOUR AGENT FOR FURTHER DETAILS.

Property Insured When Premises are Closed:

- While the Business is Closed, Stock Consisting of Firearms and Jewelry will be Stored as Follows:

<input type="text"/> % of Guns and Jewelry will be kept in Safe #1 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #4 above.
<input type="text"/> % of Guns and Jewelry will be kept in Safe #2 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #5 above.
<input type="text"/> % of Guns and Jewelry will be kept in Safe #3 above.	<input type="text"/> % of Guns and Jewelry will be kept in Safe #6 above.
<input type="text"/> % of Guns and Jewelry will be kept On-Premises - not in Safe or Vault.	
<input type="text"/> % of Guns and Jewelry will be kept Off-Premises.	Describe: <input type="text"/>
- Dollar Amount Left Out-of-Safe When Business is Closed:	\$ <input type="text"/>
<input type="text"/> 100 % Total of All Guns and Jewelry.	

SETTLEMENT OPTION FOR STOCK (Check all that apply)

	Cost Plus Accrued Interest	Replacement Cost	2XPawn	3XPawn
Pawned Guns & Jewelry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Owned Guns & 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 any additional information you feel may assist the company in evaluating your business:

Loss Payee:
 Landlord:
 Additional Insured:

LIMITS OF INSURANCE

COVERAGE	LIMITS DESIRED	<input type="checkbox"/> ACV	<input type="checkbox"/> RC
Building	\$ <input type="text"/>	Deductibles	
Business Furniture & Fixtures (Including Tenants Improvements & Betterments, Office Contents, Items Other Than Inventory - Pledged & Unpledged)	\$ <input type="text"/>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
		<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
Pledged Items- Guns & Jewelry	\$ <input type="text"/>	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Unpledged Items - Guns & Jewelry	\$ <input type="text"/>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Pledged Items- Other Than Guns & Jewelry including but not limited to, any and all Pledged Motor Vehicles at your premises that are subject to Motor Vehicle Registration.	\$ <input type="text"/>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
Unpledged Items- Other Than Guns & Jewelry including but not limited to, any and all Motor Vehicle at your premises for sale that are subject to Motor Vehicle Registration.	\$ <input type="text"/>	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$10,000
		<input type="checkbox"/> \$25,000	<input type="checkbox"/> \$50,000
		<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$2,500
General Liability	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Hired & Non-Owned Auto Liability	<input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Products Liability for Guns & Ammunition	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Employment Practices Liability	<input type="checkbox"/> \$100,000 <input type="checkbox"/> \$300,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Have you maintained continuous coverage in respect of EPLI?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please state previous Carrier: <input type="text"/>		Retro Date: <input type="text"/>	
Cyber Liability	<input type="checkbox"/> \$500,000 <input type="checkbox"/> \$1,000,000		
Have you maintained continuous coverage in respect of Cyber Liability?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please state previous Carrier: <input type="text"/>		Retro Date: <input type="text"/>	
*Excess Liability	<input type="checkbox"/> \$1,000,000 <input type="checkbox"/> \$2,000,000 <input type="checkbox"/> \$3,000,000 <input type="checkbox"/> \$4,000,000		
Include \$1,000,000 of Excess Hired Non Owned Auto Liability Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*Excess Liability Does not extend over Products Liability for Guns & Ammunition, Employment Practices Liability or Cyber Liability.			

- A) AN INSPECTION OF THE PREMISES WILL BE DONE WITHIN THE FIRST 30-60 DAYS OF THE POLICY TERM. THIS INSPECTION WILL BE ADMINISTERED BY A PROFESSIONAL SERVICE ON BEHALF OF INSURERS. AN APPOINTMENT WILL BE SCHEDULED WITH THE INSURED AT THEIR CONVENIENCE.**
- B) SIGNING THIS APPLICATION DOES NOT BIND THE INSURER OR APPLICANT FOR INSURANCE COVERAGES; HOWEVER, THE APPLICATION MUST BE SIGNED BY THE APPLICANT IN ORDER FOR COVERAGE TO EVENTUALLY BE BOUND.**
- C) IN THE EVENT A POLICY IS ISSUED BY THE INSURER BASED ON THIS APPLICATION, THIS APPLICATION SHALL BECOME PART OF THE POLICY. INCLUDED IN THE POLICY IS AN AGREEMENT THAT THE APPLICANT WILL MAINTAIN THE SECURITY AT THEIR PREMISES AS INDICATED IN THIS APPLICATION. IN THE EVENT THIS PROTECTION IS NOT MAINTAINED AND A LOSS OCCURS, COVERAGE MAY NOT BE PROVIDED.**
- D) IT IS AGREED THAT THIS APPLICATION SHALL CONSTITUTE A MATERIAL REPRESENTATION BY THE APPLICANT AND SHALL BE INCORPORATED INTO AND BECOME PART OF THE POLICY SHOULD A POLICY BE ISSUED.**
- E) I HAVE READ THE ABOVE AND AGREE THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT REPRESENTS A TRUE AND COMPLETE STATEMENT.**

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

TITLE: _____