

Pawn Brokers Supplemental Questionnaire

Named Insured: _____ **Effective Date:** _____

Operations:

- A. Percentage of receipts from retail sales _____ Percentage of receipts from Pawn fee's _____
- B. Hours of operation are _____ to _____
- C. Minimum number of employee's working at any given time? _____
- D. Formal bank deposit and withdrawal procedures in place? Yes ☐ No ☐
- E. Are firearms sold to the public? Yes ☐ No ☐
- F. The insured has been in business at least 3 years without a lapse in coverage?
Yes ☐ No ☐
- G. Security devices and violence prevention controls are in place? Yes ☐ No ☐
- H. Is there any off premise exposures? Yes ☐ No ☐

Employee Management:

- A. Pre-hire screening: employment applications? Yes ☐ No ☐
- B. Reference checks? Yes ☐ No ☐
- C. Pre-employment physicals? Yes ☐ No ☐
- D. Pre-employment drug testing? Yes ☐ No ☐
- E. Post-accident drug testing? Yes ☐ No ☐

Employee Profile:

Number of Employees: _____

- A. Number of employees with less than 1 year industry experience: _____
- B. Full time: _____ Part time: _____ Temporary/seasonal: _____
- C. Average number of years experience: Industry: _____ With company: _____
- D. Starting hourly wage: _____

Employee Safety:

- A. Formal written safety program? Yes ☐ No ☐
- B. Early return to work program? Yes ☐ No ☐
- C. Are premises equipped with Hold-up alarm? Yes ☐ No ☐
- D. Are premises equipped with Safe alarm? Yes ☐ No ☐
- E. Are premises equipped with Central Alarm system? Yes ☐ No ☐
- F. Are premises equipped with Surveillance Camera with Recorder?
Yes ☐ No ☐
- G. Are firearms kept on premises for protection? Yes ☐ No ☐
- If so, are employee's licensed and trained to use these firearms?
Yes ☐ No ☐

Claims:

Please provide details on any claims within the last 3 years which has reserves set or paid cost \$25,000 or above.

Insured's Website:

Additional Information/Comments:

Completed By: _____ **Date:** _____

Signature: _____