

## 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:**

Has there ever been a robbery or burglary of the store? Yes (provide details)  No

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

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**Insured's Website:**

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**Additional Information/Comments:**

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**Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_