**Pawn Brokers Supplemental Questionnaire**

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| **Named Insured:** |  | **Effective Date:** |  |

**Operations:**

1. Percentage of receipts from retail sales\_\_\_\_\_\_ Percentage of receipts from Pawn fee’s \_\_\_\_\_\_\_
2. Hours of operation are \_\_\_\_\_\_ to \_\_\_\_\_\_
3. Minimum number of employee’s working at any given time? \_\_\_\_\_\_\_\_\_
4. Formal bank deposit and withdrawal procedures in place? Yes  No
5. Are firearms sold to the public? Yes  No
6. The insured has been in business at least 3 years without a lapse in coverage?

Yes  No

1. Security devices and violence prevention controls are in place? Yes  No
2. Is there any off premise exposures? Yes  No

**Employee Management:**

1. Pre-hire screening: employment applications? Yes  No
2. Reference checks? Yes  No
3. Pre-employment physicals? Yes  No
4. Pre-employment drug testing? Yes  No
5. Post-accident drug testing? Yes  No

**Employee Profile:**

Number of Employees: \_\_\_\_\_\_

1. Number of employees with less than 1 year industry experience: \_\_\_\_\_\_
2. Full time: \_\_\_\_\_\_ Part time: \_\_\_\_\_\_ Temporary/seasonal: \_\_\_\_\_\_
3. Average number of years experience: Industry: \_\_\_\_\_\_ With company: \_\_\_\_\_\_
4. Starting hourly wage: \_\_\_\_\_\_\_\_\_

**Employee Safety:**

1. Formal written safety program? Yes  No
2. Early return to work program? Yes  No
3. Are premises equipped with Hold-up alarm? Yes  No
4. Are premises equipped with Safe alarm? Yes  No
5. Are premises equipped with Central Alarm system? Yes  No
6. Are premises equipped with Surveillance Camera with Recorder? Yes  No
7. 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:** |  |  |  |