**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:** |  |  |  |