

TOTTEN GROUP

I N S U R A N C E

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PAWN SHOP AND SECOND HAND ARTICLES APPLICATION

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Business Name _____

2. Principal(s) _____

3. Mailing Address _____

4. Website Address _____

5. Loss Payable _____

6. # of Years in Business _____ # of Years Experience _____

7. Loss Experience (5 years) None

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

Date _____ Reserve _____ Paid _____ Expenses _____ Closed Yes No

Details _____

8. Current insurance company on risk _____

9. Is renewal being offered? Yes No

If no, explain _____

10. Current expiry date _____ Expiring Premium _____ Renewal Premium _____

11. Other markets approached _____

12. Additional Comments _____



PROPERTY/CRIME INFORMATION

1. Risk Location # _____ # of years at this location _____
 2. Address (if different from page 1 of app) _____

3. **Occupancy** By Insured as _____
 By Others as _____

Is any portion of this building - Vacant or Unoccupied? Yes No
 - Under Renovation? Yes No

If yes, please complete "Vacant/Unoccupied/Under Renovation" section of this application.

4. Construction

of Stories _____ Year Built _____ Square Footage _____
Walls - HCB Frame Metal Clad Other - _____
Roof - Concrete Steel Deck Wood Joist Patent
 Updates - Full Partial Year _____

5. Utilities

Heat Forced Air Boiler Electric Other- _____
 Fuel Gas Oil Other- _____ If Oil, age of tank _____ Inside Outside/Above Ground
 Woodstove Wood Furnace Fireplace Insert
 If wood, confirm ULC Approved? Yes No Installed to Code? Yes No
 Updates - Full Partial Year _____
Electrical C/B Fuses _____ Amps
 Updates - Full Partial Year _____ Is there knob and tube wiring? Yes No
Plumbing Copper Plastic Other _____
 Updates - Full Partial Year _____

6. Protection

Fire - Hydrant within _____ Feet Metres Fire hall Fulltime Volunteer _____ kms
Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____
Alarm - Yes No Central Monitored Local
Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs
Burglar Alarm - Central Monitored Local ULC Approved Yes No
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____

7. Safe

Yes No Class _____
 How often are bank deposits made? _____ By whom? _____
 Are all doors fitted with deadbolts? Yes No

8. **Housekeeping** Excellent Good Fair Poor
 9. **Physical Condition** Excellent Good Fair Poor
 10. **Financial Position** Excellent Good Fair Poor
 11. **Neighbourhood** Excellent Good Fair Poor



LIABILITY INFORMATION

1. Operations

Full Description of Each Operation

Gross Receipts (including subcontractors)

Estimate Next Year

Current Year

Prior Year

| Full Description of Each Operation | Estimate Next Year | Current Year | Prior Year |
|------------------------------------|--------------------|--------------|------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

2. % U.S. _____ % Foreign _____ Details _____

3. Any operations conducted at other owned or leased premises? Yes No

4. Any installation or repairs performed away from premises? Yes No If yes, describe _____

5. **Pawnshops** Is a log kept recording the acquisition cost of all items held for pawn or sale? Yes No

Is a copy of the log kept off-site? Yes No

6. Has the applicant's Pawn Shop license ever been suspended? Yes No

If so, what were the circumstances _____

What measures have been put in place since? _____

7. Do you restore, repair, service or refinish any inventory? Yes No If yes, please describe _____

8. **Subcontractors?** Yes No Payroll for subcontractors _____

Are "Certificates of Insurance" obtained from all subcontractors? Yes No

9. **Employees** # Full time _____ # Part time _____ # Clerical _____ Payroll _____

10. **Brochures** Attached To Follow

11. **Current Limit** _____ Occurrence Form Claims Made Form

12. **Current Deductible** _____ PD BI & PD PD (Per Claimant) BI & PD (Per Claimant)

MACHINERY BREAKDOWN INFORMATION

1. Do you currently carry Machinery Breakdown coverage? Yes No

2. Current Carrier? _____

Boiler Do you have a boiler? Yes No

If Yes, please advise Hot Water Steam

Contact Name for Inspection _____

Telephone Number _____

Air Conditioning Do you have a Central Air Conditioning System? Yes No

If Yes, please advise HP _____ Tons _____

Is there a maintenance contract in force? Yes No

Other Do you have any other Pressure Vessels? Yes No

If Yes, are there any over 24 inches in diameter? Yes No

Consequential If Consequential Damage coverage is required, please advise

of Cold Rooms/Cabinets _____

What is the Maximum amount stored in any one Cold Room/Cabinet? _____

Additional Info Please provide any additional information that may be pertinent in the assessment of this Applicant? _____



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Did you receive the order direct from the Applicant? Yes No
 If no, how long have you known the applicant? _____ Do you recommend this applicant in every respect? Yes No
 Do you handle other insurance for the Applicant? Yes No Is the operation financially sound? Yes No
 Is this risk a renewal to your Agency? Yes No If so, for how long have you placed insurance on this risk?
 Additional Information pertinent to this risk _____

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

ADDRESS OF BROKERAGE

Broker Email Address: _____

APPLICANT'S SIGNATURE

PLEASE REVIEW CAREFULLY

Consumer and previous insurer reports containing personal, credit, factual or investigative information about the applicant may be sought in connection with this application for insurance or a renewal, extension or variation of the insurance applied for.

I hereby make application for insurance on the above charges items of property, subject to the Statutory Conditions, Stipulations Warranties, Exclusions, Limitations, Conditions, and Definitions as contained in the policy or endorsed thereon. THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

Date

Signature of Applicant

Position Held in Company



COVERAGES AND LIMITS

SECTION 1 - PROPERTY- Location # _____ - Building # _____

Address As Noted on Page #1 or _____

Form Named Perils Broad Form ACV Replacement Cost

Deductible \$1,000 Other _____

Limits Building _____

Contents _____

Stock _____

Equipment _____

Business Income _____

Ordinary Payroll "25% of business income limit" **OR** _____

Extra Expense _____

Rental Income _____

Accounts Receivable _____

Computer Protection _____

Contractor's Equipment Form _____ attach schedule

Miscellaneous Form _____ attach schedule

Office Contents _____

Sign Form _____

Tool Floater _____ attach schedule of items over \$1,000

Valuable Papers _____

SECTION 2 - CRIME

Deductible \$1,000 Other _____

Inside/Outside Burglary _____

Damage to Building by Burglary or Robbery _____

Stock Burglary _____

Safe Burglary _____

SECTION 3 - LIABILITY

Form Occurrence Claims Made

Deductible \$1,000 Other _____

Property Damage Bodily Injury & Property Damage Other: _____

Limit Commercial General _____

Tenants Legal _____

SECTION 4 - GLASS

Plain Plate - Total Sq Ft _____ Thermopane - Installed Cost _____

SECTION 5 - MACHINERY BREAKDOWN

Deductible \$2,500 Other _____

Direct Damage _____

Business Income _____ (available only if provided in Section 1 - Property)

Ordinary Payroll - 90 Consecutive Days

Rental Income _____