

Pawn Shop Insurance Renewal Application

1. Named Insured: _____
(First Name Insured is responsible for premium payment, cancellation and changes – refer to policy wording.)

2. Renewal Effective Date: _____ Previous Policy Number: _____

3. Have there been any changes in your operation during the past year? (Including, but not limited to: new locations, addition of Title Pawn, Auto Pawn, or Gun Pawn, new management personnel, license violations or arrests, changes in mortgagee, loss payee or additional insured and changes in premises protection) Yes No

If yes, please describe in detail: _____

4. Please provide updated limits for the following categories:

Loc. No.	Building Limit	BPP Limit (including TI)	Business Income	Pledged (OTFJ)	Unpledged (OTFJ)	Pledged (FJ)	Unpledged (FJ)
1							
2							
3							
4							
5							

5. Are there any optional coverages you would like to include on your renewal that you currently don't have? Yes No

If yes, indicate coverage and limit desired: _____

6. Provide updated receipt information on the following categories for the past year:

Loc. No.	Gross Sales Receipts	Pawn Interest	Gun Sales
1			
2			
3			
4			
5			

7. Optional Coverages (additional premium will apply):

Cyber Liability \$50,000 Limits \$100,000 Limits
EPLI \$25,000 Limits \$50,000 Limits \$100,000 Limits

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an Insurer, submits an application or files a claim containing false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment.

Signature of Applicant	Title	Date
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Signature of Producing Agent	Date
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Agent Name and Address

In the event a policy is issued by the company based on this application, this application shall become a part of the policy and shall constitute a warranty. Included in the policy is an agreement that I will maintain the security and safeguards at my premises as I have indicated in this application. In the event the protection is not maintained and a loss occurs, coverage may not be provided. I have read the above and agree that to the best of my knowledge and belief it represents a true and complete statement.

NOTICE TO APPLICANT - PLEASE CAREFULLY READ THE FOLLOWING

ARIZONA FRAUD STATEMENT - For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

ARKANSAS FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CALIFORNIA FRAUD STATEMENT - For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD STATEMENT - It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of de-frauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA FRAUD STATEMENT - WARNING: It is a crime to provide false, or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

IDAHO FRAUD STATEMENT- Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

INDIANA FRAUD STATEMENT - Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

LOUISIANA FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MAINE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

MINNESOTA FRAUD STATEMENT - Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NEW HAMPSHIRE FRAUD STATEMENT - Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.

NEW JERSEY FRAUD STATEMENT – APPLICATION - Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NEW MEXICO FRAUD STATEMENT - any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

OHIO FRAUD STATEMENT - Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OKLAHOMA FRAUD STATEMENT - WARNING - Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OREGON FRAUD STATEMENT - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

PENNSYLVANIA FRAUD STATEMENT - Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

VIRGINIA, TENNESSEE FRAUD STATEMENT - It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

FRAUD STATEMENT (All other states) - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly pre-presents false information in an application for insurance is guilty of a crime and may be subject to fines and confine-confinement in prison.

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