Date



Producer Signature

P.A	AWN SHOPS QUESTIONNAII	RE		
Please answer all questions. Subm	it this questionnaire with a completed ACORD	application and prior ca	arrier loss	s runs.
Named Insured:				
Website:				
	PROHIBITED CIRCUMSTANCES			
If any of the questions in this sect	ion are answered "YES," you are not eligib	le for coverage.		
Have you had your license su	spended or revoked within the last five yea	irs?	☐ Yes	☐ No
2. Does your business sell or par	wn autos, watercraft, motorcycles, recreat	ional vehicles	☐ Yes	☐ No
or other types of motor vehicle	es and trailers?			
3. Has the owner or any officers	of the business been convicted of a felony	?	☐ Yes	☐ No
4. Do more than 30% of your sal	es come from sales of firearms?	I	☐ Yes	□No
GENERAL INFORMATION				
1. How long have you been in bu	usiness?			
2. Do you do any refinishing or re	estoration of any items?	1	☐ Yes	☐ No
a. What percent of your to%	otal annual sales comes from restoration o	perations?		
3. What percent of your annual re	eceipts are from sales of firearms?			%
PROPERTY INFORMATION (Complete if requesting property coverage)				
1. Are you and your employees b	oonded?	1	☐ Yes	□No
2. During non-operating hours, is	s all jewelry valued over \$500, stored in a c	class J safe?	☐ Yes	☐ No
3. Is the premises equipped with	a central station monitored burglar alarm	and are all	☐ Yes	☐ No
windows and doors barred or	secured using a similar barrier to entry?			
IMPORTANT NOTICE				
BEST OF MY KNOWLWEDE AFT Any person who knowingly and winglication for insurance or statement pose of misleading, information concriminal and substantial civil penal material fact concerning this insurance of the concerning that insurance in the concerning that it is the concer	ith intent to defraud any insurance compannt of claim containing any materially false in containing any materially false in containing any material fact thereto, committelities. I agree that any intentional concessurance or the subject thereof may void es, a routine inquiry may be made to obtain applicately. Upon your written request, additional information of the containing the	ny or another person information, or concests a fraudulent act that alment or misreprest any policy issued. plicable information con	submits als for the state is subjected in the subjected i	an ap- ne pur- ect to n of a
Applicant Signature	Title	Date		