



Automated Teller Machine (ATM) Theft Coverage Application

Application is hereby made by _____

(Please list all insureds)

Principal Address _____ City _____ Province _____ Postal Code _____

Policy Effective Period _____ to _____

1. ATM Information

Yes No

1. How many ATM machines will be covered initially? _____		
2. How many ATM machines are projected to be added this year? _____		
3. Are all ATM machines bolted to the floor? If no , how are they secured to the premises? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Will the ATM machines be equipped with a motion detector/sensor which will activate an alarm or siren if moved more than the system parameters allow?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all alarm devices associated with the ATM machines UL approved?	<input type="checkbox"/>	<input type="checkbox"/>
6. If the door is opened, what alarm protection is there for the safes inside the ATM machines? _____		
7. Is an armoured car service used to refill the ATM machines? If yes , how is the money refill system audited to ensure accurate reporting by the armoured car service? _____	<input type="checkbox"/>	<input type="checkbox"/>
8. What types of locations hold the ATM machines (offices, convenience stores, etc.)? _____		
9. Are all locations that hold the ATM machines open for business 24 hours a day? If no , what are the operating hours? _____	<input type="checkbox"/>	<input type="checkbox"/>
10. What is the maximum amount of money held in each machine? \$ _____		
11. What is the average amount of money held in each machine? \$ _____		
12. Have you suffered any ATM related losses in the past 5 years? If yes , please provide details _____	<input type="checkbox"/>	<input type="checkbox"/>

NOTICE TO APPLICANTS:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

This document was issued or made by the Company in the course of its insurance business in Canada.

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____