



# Great American Application for Check Cashing Operations

Name \_\_\_\_\_

Principal Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

## 1. Insuring Agreement

Limit of Insurance

Deductible

1. Employee Dishonesty	\$	\$
2. Forgery or Alteration	\$	\$
3. Inside the Premises	\$	\$
4. Outside the Premises	\$	\$
5. Computer Fraud	\$	\$
6. Money Orders and Counterfeit Paper Currency	\$	\$
8. Funds Transfer Fraud	\$	\$

Coverage Amendments (Endorsements) \_\_\_\_\_

Is Kidnap, Ransom, and Extortion Coverage Desired?  Yes  No

## 2. Opening & Closing Procedures

a. Please describe opening and closing procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Are there any Armed Personnel at the Open and Close of each business day?

Yes  No

If yes, please describe: \_\_\_\_\_  
 \_\_\_\_\_

## 3. Loss History

Please enter all claims or occurrences that may give rise to claims for the prior 5 years.

Check here if none

Date of Occurrence	Description of Claim	Amount Paid By Insurance	Deductible for Each Claim	Claim Status	
				Open	Closed
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

## 4. Exposures Outside the Premises

Yes  No

a. Do you ever transport cash and/or checks in an unarmored vehicle?

If so, please explain the values carried and physical protection used: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Exposures Outside the Premises *Continued***

Yes No

b. Is an armored car service used for your deposits?  Yes  No

**If yes, please provide a copy of the certificate of insurance. If no, please answer questions c-f.**

c. What is your deposit frequency? \_\_\_\_\_

d. Are deposit times varied?  Yes  No

**If no, please explain:** \_\_\_\_\_

e. What is your average deposit size? \_\_\_\_\_ Maximum? \_\_\_\_\_

f. Do deposits mostly consist of cashed checks?  Yes  No

**If yes, are the majority of these cashed checks reconstructible?**  Yes  No

Estimated Percentage: \_\_\_\_\_%

**If no, please explain:** \_\_\_\_\_

**5. Internal Controls**

Yes No

a. Are all checks stamped "For Deposit Only" upon receipt?  Yes  No

b. Are there any types of checks that are not immediately cashed?  Yes  No

c. What form(s) of identification are required when checks are cashed? \_\_\_\_\_

d. What is the minimum number of employees at any location when open? \_\_\_\_\_

e. Explain employee screening procedures (i.e.-criminal history, previous employer, credit check, etc.): \_\_\_\_\_

f. Is drug testing required of all employees upon hiring?  Yes  No

**If no, please explain:** \_\_\_\_\_

g. Is random drug testing performed throughout the year?  Yes  No

h. Are credit checks performed?  Yes  No

i. How often is money inventoried at each location? \_\_\_\_\_

j. Are locks and combinations changed when employees who know them leave?  Yes  No

k. Do employees receive any type of commission in addition to salary?  Yes  No

l. Besides "on the job" training, do employees receive a security/procedure manual/handbook?  Yes  No

m. Are there any changes expected during the course of the upcoming policy year that underwriters should be aware of (i.e.: Additional location, etc.)?  Yes  No

**If yes, please explain:** \_\_\_\_\_

n. Is a photographic check recorder utilized?  Yes  No

o. Except for cash utilized for check cashing services between owned locations, does the Insured carry other people's money in transit?  Yes  No

p. Does the Insured perform any "On site" check cashing?  Yes  No

**If so, please describe (i.e. from Armored Vehicle, at customer's premises, etc.):** \_\_\_\_\_

**5. Internal Controls *Continued***

Yes No

q. Approximately how many days a week is "on site" check cashing performed? _____ How many armored vehicles utilized? _____		
r. Do you own your own Armored Vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
s. Are bank accounts reconciled monthly?	<input type="checkbox"/>	<input type="checkbox"/>
t. Are bank accounts reconciled by someone not authorized to deposit or withdraw? <b>If no</b> , please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
u. Is countersignature of all Insured's company checks required? <b>If not</b> , who signs? _____ Above what amount? \$ _____	<input type="checkbox"/>	<input type="checkbox"/>
v. Are vouchers/supporting records stamped "PAID" when checks are signed?	<input type="checkbox"/>	<input type="checkbox"/>
w. Do all vouchers or other supporting records accompany all checks to be signed?	<input type="checkbox"/>	<input type="checkbox"/>
x. Do you perform any cash for gold services or handle any gold on the premises? <b>If yes</b> , please advise the following: Maximum amount held on the premises _____ Average amount held on the premises _____ How is the gold is secured and how access is controlled? _____	<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.**

**Applicant Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

**Producer Signature** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Facility Information

No.	Location	Estimated Annual Gross Receipts	No. of Employees	Theft, Destruction, Disappearance Limit of Liability (Max any one time)	Average Cash	Overnight Cash	Double Door Entry System at Each Location (Bullet Resistant) (Mark "X" if yes)	Ceiling to Floor Bandit Resistive/ Bullet Resistive Enclosures. (Mark "X" if yes)	Hours of Operation
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Facility Information *continued*

No.	Location	Estimated Annual Gross Receipts	No. of Employees	Theft, Destruction, Disappearance Limit of Liability (Max any one time)	Average Cash	Overnight Cash	Double Door Entry System at Each Location (Bullet Resistant) (Mark "X" if yes)	Ceiling to Floor Bandit Resistive/ Bullet Resistive Enclosures. (Mark "X" if yes)	Hours of Operation
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Facility Information *continued*

No.	Location	"UL" Central Station-Premises Alarm-Grade "A" or Better <i>(Mark "X" if yes)</i>	No. of Safes or Vaults	Safes Class E, TL – 15, TL 30 or Better <i>(Mark "X" if Yes)</i>	Safes Connected to Central Station Alarm System <i>(Mark "X" if Yes)</i>	Central Station Hold – Up Alarms Utilized <i>(Mark "X" if Yes)</i>	Are Hold – Up Alarms at Each Teller Window or are Portable Alarms Utilized <i>(Mark "X" if Yes)</i> <i>(Mark "P" if Portable)</i>	Video Camera System <i>(Mark "X" if Yes)</i> <i>(Mark "XS" if also Stored for Permanent Record)</i>	Other Security Devices/Programs I.E. Hyperscan, Motion Detectors Etc. <i>Please indicate and Explain</i>
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