



Armored Car Cargo Insurance Program Application

Application is hereby made by _____

(Please attach a list of all Insureds, including Contact Information)

Principal Address _____

City _____ State _____ Zip _____

Telephone: () _____ Fax () _____

Proposed Effective Date _____ Proposed Expiration Date _____

1. Company Information

a. Years in Business _____

b. Company is a

Individual

Corporation

Subchapter "S" Corporation

Joint Venture

Partnership

Not for Profit Organization

2. Premises Information

Location #	Building #	Street, City, County, State, Zip

Description of Operations

3. General Information

a. Estimated gross receipts

Armored _____

Courier _____

Money Room _____

Coin Room _____

Other _____

b. What is the total amount of the values transported for the past 12 months? _____

Of that amount what percent is Cash _____ Negotiable securities _____

Non-negotiable securities _____ Other _____

c. Has your insurance ever been cancelled?

Yes

No

If yes, please explain why _____

4. Loss History

a. 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 Occurrence or Claim	Date of Claim	Amount Paid	Deductible	Amount Reserved	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"/>
						<input type="checkbox"/>	<input type="checkbox"/>

b. Please provide descriptions of all losses in excess of \$5,000, including corrective action.

5. Premium Information

Year	Insurance Company	Premium

6. Personnel

a. Schedule of all officers

Name	Position	Years with Company	Previous Experience

b. Schedule of employees by job classification other than listed above

Supervisors _____ Drivers _____ Vault personnel _____ Sales _____
 Clerical _____ Mechanics _____ Guards _____ All Others (full & part time) _____

c. Is it mandatory for all new employees to submit to the following tests?

(please explain any no answers)

	Yes	No
1. Medical	<input type="checkbox"/>	<input type="checkbox"/>
2. Polygraph	<input type="checkbox"/>	<input type="checkbox"/>
3. Psychological	<input type="checkbox"/>	<input type="checkbox"/>
4. Drug	<input type="checkbox"/>	<input type="checkbox"/>

6. Personnel continued

Yes No

d. In screening new employees, do you conduct and document the following checks?

1. References	<input type="checkbox"/>	<input type="checkbox"/>
2. Neighborhood	<input type="checkbox"/>	<input type="checkbox"/>
3. Driver Record	<input type="checkbox"/>	<input type="checkbox"/>
4. Credit	<input type="checkbox"/>	<input type="checkbox"/>
5. Criminal	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you maintain photographs and/or fingerprint records of all employees?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you conduct and document periodic, random drug tests?	<input type="checkbox"/>	<input type="checkbox"/>
g. Are employees required to <input type="checkbox"/> wear uniforms <input type="checkbox"/> carry firearms on duty?	<input type="checkbox"/>	<input type="checkbox"/>
h. List any other protective items issued or provided to employees: _____ _____		
i. Do you immediately collect I.D. cards, name tags, uniforms and other company identification from employees when they leave your service?	<input type="checkbox"/>	<input type="checkbox"/>
j. Do you have a formal training program?	<input type="checkbox"/>	<input type="checkbox"/>
k. Do you have a written procedures manual? (if "yes", please provide a copy.)	<input type="checkbox"/>	<input type="checkbox"/>
l. Do you use this manual as a basis for training?	<input type="checkbox"/>	<input type="checkbox"/>
m. What is the minimum period of training time you require new employees to complete before you use them in your operation? _____		
n. Does management regularly monitor operational crew performance and retain such records on file?	<input type="checkbox"/>	<input type="checkbox"/>
o. Do you conduct and document random credit checks on existing employees?	<input type="checkbox"/>	<input type="checkbox"/>

7. Vault & Premises

(Complete one of the attached Vault Exposure sheets for each additional premises.)

a. Limits of insurance required _____
 Current Deductible _____ Requested Deductible _____

Day	Maximum at Risk	Frequency The Maximum is at Risk	Average at Risk
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

c. Are maximums because of federal reserve runs or some other special contract?
 Yes No
 If yes, please explain _____

7. Vault & Premises *continued*

d. Please show exposures by percentage

Cash _____ % Precious Metals _____ % Coin _____ %
 Jewelry _____ % Food Stamps _____ % Other _____ %

e. Please describe all vaults and safes

Location	Manufacturer	U.L. Rating	Dual Combination Used?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

f. Do the vaults and safes have time locks?

Yes No

g. If yes, are they set every evening and over the weekend?

If no, please explain. _____

h. Describe the alarm systems that protect the premises, vaults and safes

1. Premises

Location	Alarm Company	Central Station?	U.L. Extent 2?	U.L. Grade Aa?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Vault

Location	Alarm Company	Central Station?	U.L. Vault Complete?	U.L. Grade Aa?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Safe

Location	Alarm Company	Central Station?	U.L. Safe Complete?	U.L. Grade Aa?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Vault & Premises *continued*

	Yes	No
i. Are all alarms U.L. certified? <i>(Please attach a copy of U.L. alarm certificates for each location.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
j. Are they maintained under service contract?	<input type="checkbox"/>	<input type="checkbox"/>
k. Does any one person in your company have the complete combinations and alarm codes? If yes, please explain who and why. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
l. Are all terminal openings done with at least 2 armed employees present?	<input type="checkbox"/>	<input type="checkbox"/>
m. Are portable duress alarms used during terminal openings?	<input type="checkbox"/>	<input type="checkbox"/>
n. In case of an attack at the time of opening, do the alarm systems have a duress code, which is known by the opening employees, that would send an alarm if the code was entered?	<input type="checkbox"/>	<input type="checkbox"/>
o. Are the employees always required to use it?	<input type="checkbox"/>	<input type="checkbox"/>
p. What is the response time to an alarm by the police? _____		
q. In case of an attack on a terminal, do you have a duress code or alarm which would instruct all vehicles to disregard further orders from that terminal and proceed directly to the nearest police station (or similar emergency procedure)?	<input type="checkbox"/>	<input type="checkbox"/>
r. Do you practice "joint custody" in the opening and closing of all safes and vaults? If no, please explain why not. _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
<i>"Joint custody" means the handling of the above in the presence of and under the observation of at least one other person being equally accountable for the physical protection and safeguarding of the various records or items involved. Locks and combination on vaults and safes are arranged so that no one person can open them alone.</i>		
s. How often are alarm codes and combinations changed? _____		
t. Are your premises normally manned 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>

8. Close Curcuit TV

	Yes	No
a. Do all of your terminals use CCTV Cameras? 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
b. How many CCTV cameras are used at each terminal?		
c. Are cameras hooked up to VCR's and recorded?	<input type="checkbox"/>	<input type="checkbox"/>
d. How long are the tapes retained? _____		
e. Are tapes randomly reviewed by management?	<input type="checkbox"/>	<input type="checkbox"/>
f. If so, are all improper procedures noted by management reviewed with the employee to correct future mistakes?	<input type="checkbox"/>	<input type="checkbox"/>

9. Transit

	Yes	No
a. Limits of insurance required _____ Current Deductible _____ Requested Deductible _____		
b. What is the total number of armored vehicles in regular service? _____ How many spares? _____		
c. Are all armored vehicles equipped with bulkheads?	<input type="checkbox"/>	<input type="checkbox"/>
d. What is the minimum number of crew assigned to each armored vehicle including the driver? _____		

9. Transit continued

Yes No

e. Are vehicles ever left unattended with liability on board?

Yes No

(Unattended means all crew members are outside of the vehicle at the same time.)

If yes, please explain _____

f. Are armored vehicles equipped with kill switches?

Yes No

g. Are armored vehicles equipped with tracking devices?

Yes No

h. Exposures

Day	Number of Routes	Number of Vehicles Carrying the Maximum	Number of Stops	Maximum for Vehicle	Average for Vehicle	Maximum Pavement Exposure	Average Pavement Exposure
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							

i. Are maximums because of federal reserve runs or some other special contract?

Yes No

Please explain how many trucks are involved. _____

j. Exposures by percentage

Cash _____% Coin _____% Food Stamps _____% Other _____%

k. Do you use any of the following equipment on your vehicle?

Locked cargo drop Locked cage Other

l. Will your vehicles be kept in a secure locked and enclosed premises when not in service?

Yes No

If not, where will they be kept? _____

m. Are vehicle keys signed out by the crew in the morning and signed back in by crew upon their return?

Yes No

n. Does management regularly conduct street inspections on the performance of its crew and retain such records on file?

Yes No

o. Please describe your radio communications system _____

p. Do you ever carry currency or other valuables in unarmored vehicles?

Yes No

If yes, please explain _____

Please attach a copy of your customer service contract.

10. Automatic Teller Machines *(please complete this section if you conduct ATM operations)*

Yes

No

a. Limits of insurance required _____
 Current Deductible _____ Requested Deductible _____

b. What services do you provide?

- Machine Malfunction* *Cash Replenishment* *Deposit Pickup* *Full Service*

c. How many ATM's do you service? _____

d. What percentage of the ATMs you service use the Mas-Hamilton locks? _____

e. Do you use armored vehicles for all of your ATM cash replenishment? Yes No
If not, please explain the type of vehicle used and the security afforded. _____

f. Are your ATM vehicles ever left unattended? Yes No
If yes, please explain why _____

g. Do you use a minimum of a two (2) person crew? Yes No
If no, please explain why _____

h. Are all machines serviced equipped with cassettes? Yes No

i. When crews are replenishing funds within an ATM, are they performing "cash adds" "cassette swaps"

j. If they are performing "cash adds" do they reconcile/verify that the amount of money in the ATM is accurate each time? Yes No

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files and application for insurance or statement of claim containing any materially false information, or conceal for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____

Vault & Premises Exposure

Location _____

<i>Day</i>	<i>Maximum Values Stored in Vault</i>	<i>Frequency the Maximum is at Risk (number of times per month)</i>	<i>Average Values Stored in Vault</i>
<i>Monday</i>			
<i>Tuesday</i>			
<i>Wednesday</i>			
<i>Thursday</i>			
<i>Friday</i>			
<i>Saturday</i>			
<i>Sunday</i>			

***Please provide copy of U.L. certificate for Vault & Premises alarm systems.*

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____

Transit Exposure

Location _____

Numer of Armored Vehicles _____

<i>Day</i>	<i>Number of Routes</i>	<i>Number of Stops</i>	<i>Number of Vehicles Carrying the Maximum</i>	<i>Maximum Exposure for Vehicle</i>	<i>Average Exposure for Vehicle</i>	<i>Maximum Pavement Exposure</i>	<i>Average Pavement Exposure</i>
<i>Monday</i>							
<i>Tuesday</i>							
<i>Wednesday</i>							
<i>Thursday</i>							
<i>Friday</i>							
<i>Saturday</i>							
<i>Sunday</i>							

Applicant Signature _____ **Title** _____ **Date** _____

Producer Signature _____ **Title** _____ **Date** _____