



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? <i>(if yes, please provide a copy.)</i>	<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			

7. Vault & Premises *Continued***Yes****No**

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

☐☐**If yes**, please explain.

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
<input type="checkbox"/>	<input type="checkbox"/>

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"/>

7. Vault & Premises Continued**Yes****No****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"/>
i. Are all alarms U.L. certified? (Please attach a copy of U.L. alarm certificates for each location.)			<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. <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>			<input type="checkbox"/>	<input type="checkbox"/>
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 Circuit 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 yes , 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? ☐ Yes ☐ No

d. What is the minimum number of crew assigned to each armored vehicle including the driver? _____

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 no, 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

9. Transit Continued**Yes****No**

o. Please describe your radio communications system.

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

☐☐**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?

☐☐**If no**, please explain the type of vehicle used and the security afforded.

f. Are your ATM vehicles ever left unattended?

☐☐**If yes**, please explain why.

g. Do you use a minimum of a two (2) person crew?

☐☐**If no**, please explain why.

h. Are all machines serviced equipped with cassettes?

☐☐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?

☐☐**Fraud Statements**

Applicable in AL, AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and/or confinement in prison. In Alabama, a person may also be subject to restitution.

Applicable in CO, ME, TN, VA, WA: 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, and/or a denial of insurance benefits. In Colorado, penalties may also include civil damages. In Colorado, 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 defrauding 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.

Fraud Statements Continued

Applicable in CA: For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in DC: 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.

Applicable in FL: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

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

Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in NY: 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 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.

Applicable in OH: 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.

Applicable in OK: 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.

Applicable in OR: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto. All statements made by or on behalf of the insured, in the absence of fraud, shall be deemed representations and not warranties. No such statements that arise from an error in the application shall be used in defense of a claim under the policy unless: (a) The statements are contained in a written application; and (b) A copy of the application is indorsed upon or attached to the policy when issued. In order to use any representation by or on behalf of the insured in defense of a claim under the policy, the insurer must show that the representations are material and that the insurer relied on them.

Applicable in PA: 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.

Applicable in other states: Your policy may be void in any case of fraud, intentional concealment or misrepresentation of material fact by you in securing this insurance.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

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

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

Vault & Premises Exposure

Location _____

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

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

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____

Transit Exposure

Location _____

Nuner of Armored Vehicles _____

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

Applicant Signature _____ Title _____ Date _____

Producer Signature _____ Title _____ Date _____