



Armored Car Application

First Named Insured: _____
(Please attach list of any additional insureds to be included for coverage)

Address: _____

Effective Date: _____ Expiration Date: _____

ADDITIONAL LOCATIONS:

Is vaulting done here?	Address
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

OWNERS, PARTNERS, SENIOR MANAGEMENT:

Name	Position	Years with Company	Prior Experience

BUSINESS DESCRIPTION:

- Legal Entity: Proprietorship Partnership Corporation Other: _____
- Date of Establishment: _____
- Has there been any change in ownership or management within the past three years? Yes No
 If "Yes", please explain: _____
- Detailed Description of Operations and Exposures: _____

ANNUAL GROSS RECEIPTS:

Armored:	Money Room:	Coin Room:	
Courier:	Other:		

PRIOR INSURANCE:

- Has any similar insurance been declined or cancelled during the past three years? Yes No
- Current Coverage: _____ Check here if none:

EFFECTIVE DATE	EXPIRATION DATE	LIMIT OF INSURANCE	CARRIER	PREMIUM

LOSS HISTORY:

Enter all claims or occurrences that may give rise to claims for the past five years. Check here if none:

DATE OF OCCURRENCE	TYPE/DESCRIPTION OF OCCURRENCE OR CLAIM	AMOUNT OF LOSS	AMOUNT PAID	CLAIM STATUS (OPEN OR CLOSED)

Comments/Corrective Action taken: _____

INSURING AGREEMENT	LIMIT OF INSURANCE	DEDUCTIBLE
Premises		
Transit		
Courier		

TOTAL EMPLOYEES			
DRIVERS		MESSENGERS	
VAULT STAFF		MECHANICS	
SUPERVISORS		SALES	
ADMINISTRATIVE		ALL OTHER	

INTERNAL CONTROLS:

	YES	NO
DO YOU CONDUCT AND CHECK THE FOLLOWING CHECKS AS PART OF YOUR PRE-EMPLOYMENT SCREENING:		
1. Criminal?	<input type="checkbox"/>	<input type="checkbox"/>
2. Credit?	<input type="checkbox"/>	<input type="checkbox"/>
3. Drug?	<input type="checkbox"/>	<input type="checkbox"/>
4. Polygraph?	<input type="checkbox"/>	<input type="checkbox"/>
5. Psychological?	<input type="checkbox"/>	<input type="checkbox"/>
6. Reference?	<input type="checkbox"/>	<input type="checkbox"/>
7. Driving?	<input type="checkbox"/>	<input type="checkbox"/>
8. Medical	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYEE CONTROLS:		
9. Do you conduct random credit checks?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you conduct random drug testing?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are employees required to wear uniforms?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are employees required to carry sidearms?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you have a formal training program for new hires?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a written procedures manual?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you use this manual as a basis for training?	<input type="checkbox"/>	<input type="checkbox"/>
16. Does management regularly monitor crew performance and keep records on file?	<input type="checkbox"/>	<input type="checkbox"/>
PREMISES & VAULT:		
17. Do the vaults have time locks?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, are they set each night and over the weekends?	<input type="checkbox"/>	<input type="checkbox"/>
If NO, please explain: _____		
18. Are all alarms U.L. certified? (please attach a copy of the U.L. alarm certificate)	<input type="checkbox"/>	<input type="checkbox"/>
19. Are they maintained under service contract?	<input type="checkbox"/>	<input type="checkbox"/>
20. Does any one person have the complete combination and alarm codes?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please explain who they are and why access controls are not segregated: _____		
21. Do you practice joint custody in the opening & closing of all vaults/safes?	<input type="checkbox"/>	<input type="checkbox"/>
22. Are all terminal openings done with at least 2 armed employees present?	<input type="checkbox"/>	<input type="checkbox"/>
23. Are portable duress alarms used during terminal openings?	<input type="checkbox"/>	<input type="checkbox"/>
24. In the event of an attack at opening, do the alarm systems have a duress code	<input type="checkbox"/>	<input type="checkbox"/>

which is known by the opening employees that would send an alarm?		
25. In the event of an attack on the terminal, do you have a duress code which would instruct all vehicles in route to disregard further orders from that terminal and proceed directly to the nearest police station?	<input type="checkbox"/>	<input type="checkbox"/>
26. Are your premises manned 24 hours per day?	<input type="checkbox"/>	<input type="checkbox"/>
27. How often are alarm codes and combinations changed? _____		
28. Do all of your terminals use CCTV cameras?	<input type="checkbox"/>	<input type="checkbox"/>
29. How many CCTV cameras are used at each terminal? _____		
30. Are the cameras recorded?	<input type="checkbox"/>	<input type="checkbox"/>
31. How long are the tapes retained? _____		
32. Are tapes randomly reviewed by management?	<input type="checkbox"/>	<input type="checkbox"/>
33. Are improper procedures noted by management reviewed with the employee?	<input type="checkbox"/>	<input type="checkbox"/>
ARMORED TRANSIT:		
34. What is the total number of armored vehicles is regular service? _____		
35. How many spares vehicles? _____		
36. Are all armored vehicles equipped with bulkheads?	<input type="checkbox"/>	<input type="checkbox"/>
37. What is the minimum number of crew assigned to each armored vehicle? _____		
38. Are vehicles ever left unattended (all crewmembers are exposed outside the vehicle) with liability aboard?	<input type="checkbox"/>	<input type="checkbox"/>
39. Are armored vehicles equipped with kill switches?	<input type="checkbox"/>	<input type="checkbox"/>
40. Are armored vehicles equipped with GPS tracking devices?	<input type="checkbox"/>	<input type="checkbox"/>
41. Do you use any locked cages or cargo drops in your vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
42. Are your vehicles kept in secure locked and enclosed premises when not in service?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are vehicle keys signed out by the crew in the morning and signed back in upon their return?	<input type="checkbox"/>	<input type="checkbox"/>
44. Does management regularly conduct street inspections of crew performance and keep these records on file?	<input type="checkbox"/>	<input type="checkbox"/>
45. Are your vehicles equipped with a radio communications system?	<input type="checkbox"/>	<input type="checkbox"/>
46. Do you ever carry currency or other valuables in unarmored vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
If YES, please explain frequency and exposures: _____		
AUTOMATIC TELLER MACHINES:		
47. How many ATMs do you currently service? _____		
48. What percentage of the ATMs you service use Kaba-Mas locks? _____		
49. Do you use armored vehicles for all your ATM cash replenishment routes?	<input type="checkbox"/>	<input type="checkbox"/>
50. Are your ATM vehicles ever left unattended?	<input type="checkbox"/>	<input type="checkbox"/>
51. Do you use a minimum of a 2 person crew?	<input type="checkbox"/>	<input type="checkbox"/>
52. Are all the ATMs you service equipped with cassettes?	<input type="checkbox"/>	<input type="checkbox"/>
53. Do your ATM crews perform "cassette swaps"?	<input type="checkbox"/>	<input type="checkbox"/>
54. Do your ATM crews perform "cash adds"?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what percentage of your ATM work is done in this manor? _____		
55. When performing "cash adds" does the crew reconcile and verify the amount of money in the ATM is accurate each time?	<input type="checkbox"/>	<input type="checkbox"/>
UNARMORED COURIER:		
56. Do you have any unarmored courier operations that you wish to cover hereunder? (If yes, complete the following)	<input type="checkbox"/>	<input type="checkbox"/>
57. How many unarmored courier routes do you operate per week? _____		
58. Are the routes one person or two person crews? _____		
59. Are crewmembers armed?	<input type="checkbox"/>	<input type="checkbox"/>
60. Is liability ever left in an unattended vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
61. What is the nature of the liability these routes transport? _____		
Cash? _____% Securities _____%		
62. What is the maximum liability for any one route? _____		
63. What is the average liability for any one route? _____		

TRANSIT EXPOSURE SHEET
 (Please complete one for each location)

Location: _____

Section #1: Standard Transit Exposure (EXCLUDING Federal Reserve and Bank Shuttles)

DAY	# OF ROUTES	TOTAL # OF STOPS	EXPOSURE PER VEHICLE		PAVEMENT EXPOSURE	
			MAXIMUM	AVERAGE	MAXIMUM	AVERAGE
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

For the Standard Transit Exposures above, please fill in what percentage of the exposure correlates to the type of routes below. The total should equal 100%.

ATM Routes:	Commercial Routes:	Bank Routes:

Section #2: Federal Reserve Shuttles (Secure location to secure location, no stops)

DAY	# OF ROUTES	EXPOSURE PER VEHICLE	
		MAXIMUM	AVERAGE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Section #3: Bank Shuttles (Secure location to secure location, no stops)

DAY	# OF ROUTES	EXPOSURE PER VEHICLE	
		MAXIMUM	AVERAGE
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Location: _____

Section #1: Premises Exposure

DAY	MAXIMUM VALUES STORED IN VAULT	# OF TIMES PER MONTH MAXIMUM IS EXPOSED	AVERAGE VALUES STORED IN VAULT
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

What percent of the amount stored in the vault is the following? The total should equal 100%.

Currency:	Securities:	Coin:

Please describe all Vaults & Safes at this location:

IDENTIFY AS VAULT OR SAFE	MANUFACTURER	U.L. RATING	DUAL COMBINATIONS USED?

Section #2: Alarms

Please provide details for the alarm systems at this location:

Premises:

SPECIFY # OF SYSTEMS	ALARM COMPANY	CENTRAL STATION?	U.L. EXTENT 2?	U.L. GRADE AA?

Vaults & Safes:

SPECIFY EACH VAULT & SAFE	ALARM COMPANY	CENTRAL STATION?	U.L. VAULT/SAFE COMPLETE?	U.L. GRADE AA?

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

Applicant's Signature: _____

Date: _____

ALASKA	A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.
ARIZONA	For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.
ARKANSAS	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
CALIFORNIA	For your protection, California law requires that you be made aware of the following: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
COLORADO	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. 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.
DISTRICT OF COLUMBIA	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.
HAWAII	For your protection, Hawaii law requires you to be informed that any person who presents a fraudulent claim for payment of a loss or benefit is guilty of a crime punishable by fines or imprisonment, or both.
IDAHO	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.
INDIANA	Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.
LOUISIANA	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
MAINE	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, or a denial of insurance benefits.
MINNESOTA	Any person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE	Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20.
NEW MEXICO	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
NEW YORK	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.
OHIO	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.
OKLAHOMA	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.
OREGON	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.
PENNSYLVANIA	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.
TENNESSEE	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
VIRGINIA	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
WASHINGTON	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.