Applicant: ________________________________________________________________

Description of Business (please check all that apply):

☐ Own ATMs installed in own premises
☐ Own ATMs installed in premises of others
☐ Lease or rent ATMs to others
☐ Lease or rent ATMs from others
☐ Installation and service of ATMs (no replenishment)
☐ Replenishes cash in owned ATMs
☐ Replenishes cash in unowned ATMs
☐ Mobile ATM operations
☐ Other ATM operations (please describe):

Total Number of Employees ____________

Annual Revenues ________________

ATM Coverage Desired

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Per Occurrence Limit</th>
<th>Per ATM Limit</th>
<th>Per Occurrence Deductible</th>
<th>Per ATM Deductible</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Employee or Contractor Theft</td>
<td>$</td>
<td></td>
<td>$</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>b. Theft Of Or From An ATM</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>c. Loss In Transit</td>
<td>$</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>d. Defense Costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. “All Risk” Within An ATM</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>f. Damage To Or Destruction of ATM</td>
<td>$</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Under agreements showing both “per occurrence” and “per ATM” limits and deductibles, the “per ATM” limit and deductible will apply to any incident involving a single ATM, subject to the “per occurrence” limit and deductible if that incident involves multiple ATMs. “Per ATM” limits can be scheduled for individual ATMs.

A. Premises Exposures (complete only if coverage is desired on loss of ATM contents and/or loss of/damage to ATMs installed at fixed locations)

1. Number of ATMs to be covered ____________
   _______% owned by you _______% owned by others

2. Make(s)/model(s) and value(s) of ATMs:

3. UL security rating(s) of ATMs ____________________________

4. Installation locations (i.e. – convenience stores, gas stations, hotels, etc.):

5. ATM accessibility:
   ☐ Floor mounted - interior of premises only
   ☐ Wall mounted – accessible from interior only
   ☐ Wall mounted – accessible from exterior
   ☐ Exterior – free standing

6. Are ATMs bolted to the floor or masonry walls? Yes ☐ No ☐

7. Are ATMs placed in the rear or otherwise away from any show windows or doors? Yes ☐ No ☐

8. Do all ATMs have cameras to record ATM activity? Yes ☐ No ☐
9. Are ATMs equipped with a motion detector/sensor which will activate an alarm or siren if moved more than system parameters allow?  
   Yes ☐  No ☐

10. Are all installation locations protected with holdup or "panic" alarms?  
    Yes ☐  No ☐

11. Do all installation locations (other than those open 24/7) contain:
    a. premises burglary alarms  
       Yes ☐  No ☐
    b. premises smoke and fire alarms  
       Yes ☐  No ☐
    c. interior camera surveillance  
       Yes ☐  No ☐

12. If you contract with outside firms to repair/service ATMs, do you verify that they carry insurance covering thefts by employees and require them to furnish current certificates of insurance?  
    Yes ☐  No ☐

   Name(s) of outside firms currently used to service/repair ATMs:

13. Additional installation or security information not included above:

14. Please attach a list of ATM installations to be covered (computer spreadsheet preferred) including:
    - Name and street address
    - Number of installed ATMs
    - Value of installed ATMs (if coverage for loss of or damage to ATM is desired)
    - Maximum cash load or desired cash limit (if coverage for loss of or damage to contents is desired)

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B. Mobile ATM Exposures (complete only if coverage is desired on loss of ATM contents and/or loss of/damage to ATMs while installed temporarily at event sites.)

1. Number of ATMs to be covered __________
   ______% owned by you  _______ % owned by others

2. Make(s)/model(s) and value(s) of ATMs:

3. UL security rating(s) of ATMs __________________________

4. How are ATMs transported to event sites (type of vehicle, number of personnel in addition to driver)?

5. Is cashed placed in ATMs only after installation at the event site is complete?  
   Yes ☐  No ☐

6. Describe installation procedures (anchorage, alarm protection, etc.):
   a. For ATMs placed in the interior of building at event sites:
   b. For ATMs placed on the grounds at event sites:

7. Maximum number of ATMs placed at any one event:

8. Do all ATMs have cameras to record ATM activity?  
   Yes ☐  No ☐

9. Are ATMs equipped with a motion detector/sensor which will activate an alarm or siren if moved more than system parameters allow?  
   Yes ☐  No ☐

10. Do all event sites have 24 hour security?  
    Yes ☐  No ☐
11. Maximum cash fill of mobile ATMs: $__________________.

12. Additional installation or security information not included above:

13. Please attach a list of ATMs used in mobile operations including:
   - Make/model
   - Serial Numbers
   - Value of ATMs (if coverage for loss of or damage to ATM is desired)

C. Transit Exposures (complete only if coverage is desired on loss of cash in transit to/from ATMs)
   1. Number of serviced ATMs ______
   2. ATMs are replenished by (check all that apply):
      - Contracted armored motor vehicle company
      - Contracted non-armored carrier
      - Owner
      - Employees
      - Independent contractors (individuals)
   3. If contracted armored motor vehicle companies or non-armored couriers are used, do you verify that they carry insurance covering thefts by employees or others and require them to furnish current certificates of insurance? Yes ☐ No ☐
      Name(s) of contracted armored motor vehicle companies currently utilized:

4. If ATMs are replenished by you, your employees or non-employees contracted directly to you:
   a. Indicate the number of each type of vehicle/aircraft used in your operation, maximum cash exposure and minimum number of crew (other than drivers/pilots) on any one trip:
      - Armored car ______ Maximum cash $ __________ Crew:
      - Vans ______ Maximum cash $ __________ Crew:
      - Cars ______ Maximum cash $ __________ Crew:
      - Aircraft ______ Maximum cash $ __________ Crew:
      - Other (describe) ______ Maximum cash $ __________ Crew:
      If armored car is not used, describe any special security features or devices installed in the vehicles or aircraft (safes, vehicle phones, remote start, etc.):
      Do vehicles contain Safes? __________________

   b. Total number of employees ____, independent contractors ____ involved in ATM replenishment operations.
c. Are vehicles, cash bags or cassettes equipped with GPS tracking or locating devices?  
Yes ☐ No ☐
If “yes”, describe:

d. Is cash transported directly from a bank to the ATMs to be replenished?  Yes ☐ No ☐
e. Is cash transported in sealed cassettes prepared by the bank?  Yes ☐ No ☐
f. Are “spent” cassettes returned directly to the bank unopened?  Yes ☐ No ☐
g. Do you have written “dos” and “don’ts” provided to each driver containing required procedures for the proper safeguarding and handling of cash in transit and for replenishment of ATMs?  Yes ☐ No ☐

Employment Practices
Are background checks performed on all employees and Independent Contractors  Yes ☐ ☐ No ☐

If “yes”, check all that apply:
¨ Prior Employment  ¨ References  ¨ Credit History  ¨ Criminal  ¨ Drug Testing

Are mid-employment screenings performed when employees are promoted to sensitive positions?  ☐ Yes ☐ No ☐

**Complete if You Store Cash for Each Premises**

1. Address of Your Premises:

2. Make, model and rating of safe (Attach Certificates)

4. What is your maximum/typical cash exposure
   a. During business hours? $____________ Maximum and $____________ Typical
   b. Overnight? $____________ Maximum and $____________ Typical

5. What is your maximum/typical check or negotiable instrument exposure
   a. During business hours? $____________ Maximum and $____________ Typical
   b. Overnight? $____________ Maximum and $____________ Typical

6. What is your maximum/typical precious Metals/jewelry exposure
   a. During business hours? $____________ Maximum and $____________ Typical
   b. Overnight? $____________ Maximum and $____________ Typical

7. Alarm system. Make, Model & Classification (Attach Certificates)
   a. Is it central station?
   b. Which company?
   c. Panic button/Silent alarm?
   d. Types of sensors?

8. Cameras
   a. How many cameras?
   b. Are they continuously recorded?
   c. Are the recording machines locked away or hidden?

9. Is the premises manned with guards when closed for business? Yes___ No___ Are they Armed? Yes___ No___

10. Police Response Time
11. What is the maximum amount of Cash/Negotiable Securities transported to and from the Premises? How is Cash / Negotiable Securities transported to & from the Premises to the Bank?

12. Describe your Premises Opening & Closing procedures

<table>
<thead>
<tr>
<th>Date Loss Discovered</th>
<th>Type of Loss</th>
<th>Amount of Loss</th>
<th>Amount Recovered From Insurance</th>
<th>Describe Circumstances of Loss and Action Taken to Help Prevent Repetition</th>
</tr>
</thead>
</table>

The insured represents that the information furnished in this application is complete, true and correct. Any misrepresentation, omission, concealment or incorrect statement of a material fact, in this application or otherwise, shall be grounds for the rescission of any bond or policy issued in reliance upon such information.

Dated at ________________________________ this ______ day of ______________________ 20 _______

______________________________ By: ________________________________ (Signature)

(Print Insured Name) ________________________________

(Name and Title of Person Signing)