

CHECK CASHING INSURANCE APPLICATION CRIME, PROPERTY AND LIABILITY

1. Exact Name of the Insured: _____

1A. FEIN (Federal Employment Identification Number): _____

2. Type of Entity: Individual Joint Venture Partnership Corporation/Organization LLC Trust

3. Other Entities to be covered (include FEIN #): _____

Relationship to First Named Insured: _____

4. Mailing Address: _____

5. Contact Name: _____ Phone # _____ Fax# _____

6. Email address: _____

7. Desired Effective Date of Coverage: _____ FEIN # _____

8. Has Licensed Been Suspended (Y/N): _____ (If Yes, Why?): _____

9. Years in Business: _____ If less than 3 years, give experience details: _____

10. **Owner/Management Personnel: (If more space is needed, please attach a supplement)**

Name	Age	Job Description	Years Employed	% of Ownership

11.

Prior insurance carrier & loss history(covered by insurance or not) for past 6years

Year	Carrier/Premium	Coverage	# of Losses	Amount	Describe Losses (use separate sheet if necessary)

Crime Underwriting Questions

12. When screening new employees do you conduct the following checks:

Prior Employment references Credit Neighborhood Criminal

13. Has your license been revoked or suspended within the past five years? Yes No

14. Has any employee or owners ever had any prior convictions for illegal activities? Yes No

15. State name of Armored Car service utilized: _____ Frequency: _____

If not using, why? _____

Name of Bank: _____ Distance to Bank: _____ Means of Conveyance: _____

Frequency: _____ Any Special Precautions Taken? _____

16. **Crime Coverage (Blanket all Locations) -**

Employee Theft for all locations: \$ _____

Computer Theft/Funds Transfer Fraud: \$ _____

Depositors Forgery: \$ _____

Extortion Kidnap/Ransom: \$ _____

Social Engineering: \$ _____

Accumulative Non-Negotiable Check Coverage: \$ _____

Deductible- \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 Other: _____

17. **Business Owners Liability**

Liability- per Occurrence	\$ 1,000,000.	Personal & Advertising injury	\$ 1,000,000.
General Aggregate	\$ 2,000,000.	Fire Legal Liability (any one fire)	\$ 1,000,000.
Products & Completed Operations Aggregate	\$ 1,000,000.	Medical Expenses	\$ 10,000.

18. **Optional Coverage**

- Hired & Non-Owned Auto Liability - occurrence /aggregate \$1,000,000./\$1,000,000.
- Employee Benefits Liability - occurrence/aggregate \$1,000,000./\$1,000,000.
- Stop Gap Liability - (Only for Ohio, Washington, Wyoming, North Dakota)

19. Has insurance of this type been cancelled, refused or non-renewed by any company during the past 3 years? Yes No
If yes, give name of Company, date and reason _____

*Please advise if you would like a quote for Umbrella Coverage (Y/N): _____ (If Yes, what limit):\$ _____

Location Address (please complete this page for each location): _____

Location Number: _____

20. Gross Sales for this location (not to include face value of checks): \$ _____

21. Number of employees on Premises: Full Time: _____ Part Time: _____

- Business Owners Property

22. Building – including glass, attached signs, etc. \$ _____

23. Business Personal Property (BPP) - including furniture & fixtures, improvements & betterments,* \$ _____

24. Outdoor Property (Unattached Signs, Trees, Fences, Shrubs): \$ _____

25. Ordinance or Law: \$ _____

26. Valuable Papers: \$ _____

27. Accounts Receivable: \$ _____

28. Business Income - Actual Loss Sustained- up to 12 months

*Items you may want to consider to determine this limit, but not limited to: bullet-resistive cage, teller windows, counter-tops, floors, ceilings, air conditioning units, safe(s), alarm system, chairs, desks, computers, attached signs, etc.

- Deductible - \$ 500 \$ 1,000 \$ 1,500 \$ 2,000 \$ 2,500 Other: \$ _____

Property and Liability Coverage Underwriting Questions:

29. Year built: _____ Year of updates: Heating _____ Roof _____ Electrical _____ Plumbing _____

30. Total Square Footage of the Store: _____ Is store open 24 hours: Yes No

31. If you own the building list total building sq. ft. _____ Total number of stories: _____

32. Do you sub-lease any portion of your premises: Yes No If so, provide details: _____

33. List any other occupants in the building and their square footage: _____

34. Number of Apartments in Building, if any: _____

35. If any adjacent properties, describe: Attached: _____ Unattached: _____

36. Are your parking facilities in common areas free from defects and adequately lighted? Yes No

37. Construction: Frame Joisted Masonry Fire Resistive Masonry Other: _____

38. Building sprinklered: Yes No Fire/Smoke alarm connected to Burglar Alarm System: Yes No

39. **Safes**

Safe	Manufacturer	UL Class (i.e. TL-30)	Timelocks	Relock	Alarmed
1					
2					
3					

40. **Additional Security Protection:** Guard on Premises Armed Guard Dogs Bars on Windows

Surveillance Camera(s) Outside Inside with Recorder without Recorder with Remote Accessibility

MagLocks Roll-Down Gate Other: _____

Location Address (please complete this page for each location): _____

Location Number: _____

41. List Any Additional Insureds (i.e. Landlords), please include name and address: _____

42. List Any Loss Payee/Mortgagee (i.e. Bank, Equipment lender), please include name and address: _____

- Crime Coverage

Money & Securities On Premise: \$ _____ SPECIAL INCR. DAYS: _____

SPECIAL INCR. AMOUNT: \$ _____

Money & Securities Off Premise: \$ _____

43. Number of ATMs On Premise? _____ Off Premise? _____ (If Off, Provide Details)

44. Is there any access to basement area beneath cage by anyone? Yes No If so, is it alarmed? Yes No

45. Where do any other doors in the cage lead to? _____

If to a restroom, are all exterior walls Bullet Resistive? _____ If not, what material? _____

46. Is there a pneumatic spring on the public door? Yes No

47. How many hold-up buttons are in the cage area? _____ Are all buttons operable? Yes No

48. Max. Cash on premise at any one time: _____ Max Checks any one time: _____

49. Ave. Cash on Premise at any one time: _____ Ave. Checks any one time: _____

50. Who makes deposits: _____ Maximum: cash \$ _____ checks \$ _____

Average: cash \$ _____ checks \$ _____

**CHECK CASHING INSURANCE APPLICATION - ADDENDUM
ALARM SYSTEM INFORMATION**

(Please work with your alarm company to complete the following for each of your locations as this form becomes a warranty on your policy)

Alarm Customer _____

Alarm Company _____

Address _____

Contact Person _____

Phone number _____

Email address _____

Alarm System Components (please check all that apply)

This installation is a Central Station system UL Certified Central Station system

It has a Battery backup we provide an annual service contract

It includes Supervised Opening / Closing signals

It provides contacts on all Doors and accessible openings

All Windows are protected by Glass Break detectors

Windows are protected by either Motion or Infrared Detectors

It provides Vibration Detectors on the Floor Ceilings Walls

The Interior Space(s) of the store is protected by - Infrared Detectors Motion Detectors Audio Monitors

The Safe(s) is protected with safe door contact

All six sides of the safe are protected - by Safe Proximity Alarms by a Motion Detector above it

Number of Fixed Panic Buttons _____ Number of Remote Panic Buttons _____

Fire and smoke detection is part of this alarm system

Primary method of Alarm Signal Transmission to the Central Station by - Telephone line Telephone line with Line Security

Radio Cellular Other: _____

Secondary method of Alarm Signal Transmission to the Central Station by - Radio Cellular Internet Other: _____

If this customer has more than one location and the alarm components and installation are the same at each location as outlined above please acknowledge this by checking this box . If not, please complete a separate form for those that differ. Thank you

**CHECK CASHING INSURANCE APPLICATION - ADDENDUM
AGREED CONDITIONS OF COVERAGE INFORMATION**

In granting coverage to any insured, the Company has relied upon the following declarations and statements, and the insured warrants that the following protection and procedural requirements are complied with from the effective date of coverage to the effective date of termination.

1. A class "e" or better safe if your cash on premise coverage at this location exceeds \$50,000.
2. Specifically approved premise & safe alarm system as noted on page 5 of this application.
3. Hold-up alarm connected to premise alarm
4. A ceiling-to-floor **bullet-resistive cage front** with a **bullet-resistive double door entry** or a **Chicago style door**.
5. A street (public) door equipped with a **remote locking device**, operable from inside the bullet-resistive enclosure, and an **automatic closing device** if your cash on premise coverage at this location exceeds \$50,000.
6. A record of each check cashed. If a photographic check recorder is used, mechanical breakdown which results in illegible copies shall not void the coverage provided that: (a) the insured was unaware of the breakdown prior to loss and (b) the insured can demonstrate that routine maintenance is conducted.
7. Stamps on each check marking the instrument **"for deposit only"** or a variation thereof.
8. A demonstrated or proven procedure routinely exercised or executed, for entry and exit of the premises, requiring one of the following:
 - a) at least two persons, one of whom can observe the public area at all times.
 - b) one person with a hand-held hold-up device, or
 - c) One person opening under remote surveillance, or
 - d) one person in contact with an owner or employee of the insured using a wireless telephone.If it cannot be demonstrated or proven that a), b) or c) above has been routinely exercised or executed, then the company's limit of liability for any recoverable loss shall be a maximum of \$10,000.
9. The insured must routinely utilize the services of an armored motor vehicle company for the transportation of money for any location with a cash exposure in excess of the transit limit for that location.

It is further agreed that the company shall not be liable for loss resulting from the breach of any of the above warranties.

If this customer has more than one location and the above items are the same at each location, please acknowledge this by checking this box . If not, please complete a separate form for each location that is different. Thank you

If a policy is issued based on this application, this application shall become a part of the policy and shall constitute a representation. included in the policy is an agreement that I will maintain the security and safeguards at my premises as I have indicated in this application. in the event the protection is not maintained and a loss occurs, coverage may be compromised.

I declare that the statements made in this application are complete and true:

SIGNATURE: _____ TITLE: _____ DATE: _____
