



## AUTOMATED TELLER MACHINE (ATM) COVERAGE SUPPLEMENT

FOR USE WITH COMMERCIAL CRIME APPLICATION

**Applicant:** \_\_\_\_\_

**Description of Business (please check all that apply):**

- |  |   |
|--|---|
| <input type="checkbox"/> Own ATMs installed in own premises<br><input type="checkbox"/> Lease or rent ATMs to others<br><input type="checkbox"/> Installation and service of ATMs (no replenishment)<br><input type="checkbox"/> Replenishes cash in un-owned ATMs<br><input type="checkbox"/> Other ATM operations (please describe): | <input type="checkbox"/> Own ATMs installed in premises of others<br><input type="checkbox"/> Lease or rent ATMs from others<br><input type="checkbox"/> Replenishes cash in owned ATMs<br><input type="checkbox"/> Mobile ATM operations |
|--|---|

Total Number of Employees \_\_\_\_\_

Annual Revenues \_\_\_\_\_

**ATM Coverage Desired**

		<u>Per Occurrence</u>		<u>Per ATM</u>	
	\$	<u>Limit</u>	<u>Deductible</u>	\$	<u>Limit</u>
					<u>Deductible</u>
a. Employee or Contractor Theft	\$		\$		Not Applicable
b. Theft Of Or From An ATM	\$		\$	\$	\$
c. Loss In Transit	\$		\$		Not Applicable
d. Defense Costs			Included in a., b. and c.		
e. "All Risk" Within An ATM	\$		\$	\$	\$
f. Damage To Or Destruction of ATM	\$		\$	\$	\$

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:
 

<input type="checkbox"/> Floor mounted -interior of premises only	<input type="checkbox"/> Wall mounted – accessible from interior only
<input type="checkbox"/> Wall mounted – accessible from exterior	<input type="checkbox"/> 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)

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**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:
- |   |       |                 |       |
|---|-------|-----------------|-------|
| <input type="checkbox"/> Armored car      | _____ | Maximum cash \$ | Crew: |
| <input type="checkbox"/> Vans             | _____ | Maximum cash \$ | Crew: |
| <input type="checkbox"/> Cars             | _____ | Maximum cash \$ | Crew: |
| <input type="checkbox"/> Aircraft         | _____ | Maximum cash \$ | Crew: |
| <input type="checkbox"/> 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 employee's \_\_\_\_\_, independent contractor's \_\_\_\_\_ 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

\_\_\_\_\_

***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: \_\_\_\_\_  
(Print Insured Name) (Signature)

\_\_\_\_\_  
(Name and Title of Person Signing)