



Automated Teller Machine (ATM) Theft Coverage Application

Application is hereby made by: _____

(Please list all Insureds)

Principal Address: _____
(Number) (Street) (City) (State) (Zip Code)

Policy Effective Period: _____ to _____

Please circle the correct response where applicable

1. How many ATM machines will be covered initially? _____
2. How many ATM machines are projected to be added this year? _____
3. Are all ATM machines bolted to the floor? **YES or NO**
 If NO, how are they secured to the premises? _____
4. Will the ATM machines be equipped with a motion detector/sensor which will activate an alarm or siren if moved more than the system parameters allow? **YES or NO**
5. Are all alarm devices associated with the ATM machines UL approved? **YES or NO**
6. If the door is opened, what alarm protection is there for the safes inside the ATM machines?
7. Is an armored car service used to refill the ATM machines? **YES or NO**
 If YES, how is the money refill system audited to ensure accurate reporting by the armored car service?
8. What types of locations hold the ATM machines (offices, convenience stores, etc.)?
9. Are all locations that hold the ATM machines open for business 24 hours a day? **YES or NO**
 If NO, what are the operating hours? _____
10. What is the maximum amount of money any one machine can hold? \$ _____
11. What is the average amount of money held in each machine? \$ _____

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

Applicant's Signature:	Date	Producer's Signature:	Date: