



# AUTOMATED TELLER MACHINE COVERAGE

## SUPPLEMENTAL APPLICATION

**Applicant:** \_\_\_\_\_  
*(Please list all Insureds)*

**Address:** \_\_\_\_\_  
*(Number) (Street) (City) (State) (Zip Code)*

**Effective Date:** \_\_\_\_\_ **to** \_\_\_\_\_ **Prior Coverage:** YES  NO

If yes, Carrier \_\_\_\_\_ Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

Requested Limits: \_\_\_\_\_ Deductible: \_\_\_\_\_

1. How many ATM machines will be covered initially? \_\_\_\_\_ % Owned by You \_\_\_\_\_ % Owned by Others \_\_\_\_\_

2. Make and Model of ATM machines? \_\_\_\_\_  
*(Attach A Separate List If Necessary)*

3. UL Burglary or Security Rating of ATM machines? \_\_\_\_\_  
*(Attach A Separate List If Necessary)*

4. How many ATM machines are projected to be added in the coming year? \_\_\_\_\_

5. Are all ATM machines bolted to the floor? YES  NO  If NO, how are they secured to the premises? \_\_\_\_\_

6. Are any ATM machines mounted in the wall? YES  NO  If yes, are they inside the premises or accessible from the outside?  
YES  NO

7. 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  NO

8. Are all alarm devices associated with the ATM machines UL approved? YES  NO

9. If the door is opened, what alarm protection is there for the safes inside the ATM machines? \_\_\_\_\_

10. Is an armored car service used to refill the ATM machines? YES  NO  If YES, how is the money refill system audited to ensure accurate reporting by the armored car service? \_\_\_\_\_

11. What types of locations hold the ATM machines (offices, convenience stores, etc.)? \_\_\_\_\_

12. Are all locations that hold the ATM machines open for business 24 hours a day? YES  NO   
If NO, what are the operating hours? \_\_\_\_\_

13. What is the maximum amount of money any one machine can hold? \$ \_\_\_\_\_

14. What is the average amount of money held in each machine? \$ \_\_\_\_\_

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15. Do you subcontract to persons or another company? YES  NO  If yes, please describe the control and/or procedures used in the supervision \_\_\_\_\_

16. Do you maintain contracts or service relationships with a financial institution that requires "face value" coverage? YES  NO  If YES, please provide the following:

Name of Financial Institution	Face Value Limit	Reconstruction Limit
1.		
2.		
3.		
4.		
5.		

**17. PLEASE ATTACH COPIES OF THE FOLLOWING**

- 1. Alarm Certificates
- 2. Sample Client Contract

*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\_\_\_\_\_

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

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

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