



CRIME INSURANCE APPLICATION LOCATION, EXPOSURE AND LAYOUT APPENDIX

(Please complete a separate sheet for each location)

1. Address:

2. Type of neighborhood

3. Make, model and UL or SMNA burglary rating of safe?

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. Alarm system
 - a. Is it central station?
 - b. Which company?
 - c. Panic button/Silent alarm?
 - d. Types of sensors?

Please attach a copy of a current alarm certificate for this location.

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

8. Do you employ mantraps?

9. Are teller stations protected by bullet resistant glass? If not, please describe protection.

10. How many employees on duty, minimum/typically?

PLEASE USE THE REVERSE SIDE OF THIS SHEET TO SKETCH THE LAYOUT OF THIS LOCATION, INDICATING SAFE, CAMERAS, PARTITIONS, TELLER WINDOWS, CUSTOMER WAITING AREA, ETC.

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