

# Armoured Car Operator Questionnaire

**Before any question is answered read carefully the declaration at the end of this proposal which you are required to sign. Check Yes/No boxes as appropriate.**

## A. GENERAL

1. Full name of proposer(s) *(in this proposal form "you" refers to the answer to this question)*  
.....
2. Name under which you trade: .....
3. List full address of all your business and your principal office telephone and facsimile numbers (including area codes):  
Premises 1: .....
- Premises 2: .....
- Premises 3: .....
- Main office telephone number: .....
4. Names under which you have previously traded:  
.....  
.....  
.....
5. Names of officers and owners, their addresses and social security numbers:  
.....  
.....  
.....  
.....
6. How long have you been in business as carriers?  
(a) at your present address: .....
- (b) elsewhere: .....
7. Do you act as a limited branch or depository for any bank or banking organisation? Yes No  
If Yes, identify each and every such bank or banking organisation:  
.....  
.....  
.....  
.....



8. Have you been or are you currently insured? Yes No

If Yes, state:

(a) Names of:

(i) insurers: .....

(ii) brokers or agents: .....

(b) Renewal date of insurance: .....

9. Has any insurer declined, refused to renew or requested special terms to insure you or any director, principal or partner in this or any other business? Yes No

If Yes, give details:

**B. LOSS HISTORY**

10. (i) In the last 6 years have you or any predecessor company suffered a loss or losses, whether cover by insurance or not and if insured whether a claim was paid or not? Yes No If Yes, give details:

Date(s) of loss(es): .....  
.....  
.....

(ii) Are you aware of any shortages, or claims of shortages, asserted by any customer, bank, banking organisation or state or federal regulator exceeding the sum of \$500 asserted or discovered in the preceding 24 months? Yes No

If Yes, give details:

**C. AMOUNTS INSURED**

11. What limits of insurance do you require for insured property?

(a) on the premises specified in the schedule in vault: \$ .....

out of vault: \$ .....

(b) whilst in armoured cars \$ .....

(c) pavement limit (not including ATM operations) \$ .....

**Note:** You may require separate limits in secure and non-secure. \$ .....

(d) ATM operations \$ .....

**Note:** This should be your maximum exposure in respect of any one ATM.



**D. AMOUNTS EXPOSED**

12. What was your annual gross revenue from all armoured car operations for the last 12 month accounting period and what is your estimate for the next accounting period?

Last: \$ ..... Next (estimate): \$ .....

13. What was the total face value of the cargo carried by your armoured car operations in the last 12 months?

	<b>Secure area to secure area</b>	<b>Other</b>
Federal runs:	\$ .....	\$ .....
Bank to bank:	\$ .....	\$ .....
Retail stores:	\$ .....	\$ .....
Other (specify):	\$ .....	\$ .....
<b>Total:</b>	<b>\$ .....</b>	<b>\$ .....</b>

14. Estimate your annual face value carryings by type.

	<b>Secure area to secure area</b>	<b>Other</b>
Cash (note): %	.....	.....
Cash (coin): %	.....	.....
Bullion: %	.....	.....
Food stamps: %	.....	.....
Other: %: (give details)	.....	.....

15. What are the total values exposed at the premises?

- (a) In safes and vaults: .....
  - (b) Outside safes and vaults: .....
- Give details of (b)

16. What is the maximum value of cash and valuables carried in any one vehicle at any one time?

- (a) Cash: .....
- (b) Other valuables: .....

17. What is the maximum value which is at risk at any one time outside an armoured vehicle off the premises?

- (a) Cash: .....
- (b) Other valuables: .....



18. (a) Do you carry cash and valuables between states? Yes No

If Yes, give details: .....

(b) Are you required to make filings? Yes No

If Yes, give details: .....

19. Complete this table in respect of your vehicle exposures

Transit exposures					
Days operating	Vehicles used	Daily stops per route	Maximum exposures \$	Average exposures	Mileage
Monday	1				
	2				
	3				
Tuesday	1				
	2				
	3				
Wednesday	1				
	2				
	3				
Thursday	1				
	2				
	3				
Friday	1				
	2				
	3				
Saturday	1				
	2				
	3				
Sunday	1				
	2				
	3				

20. Do you separate all cash holdings for your customers? Yes No

If No, give details: .....

## E. COIN OPERATIONS

21. Do you count coin? Yes No

22. Do you roll coin? Yes No

23. Do you keep all coin currency for each of your customers separately? Yes No

If No, give details: .....

.....

.....

24. What is the average and maximum value of coin on your premises by premises?

	<b>Average</b>	<b>Maximum</b>
Premises 1:	\$ .....	\$ .....
Premises 2:	\$ .....	\$ .....
Premises 3:	\$ .....	\$ .....

**F. ATM OPERATIONS**

25. Do you always use a crew of at least two persons? Yes No

If No, give details: .....  
.....  
.....

26. Do you

(a) engage in first or second line maintenance of ATMs? Yes No

(b) replenish or collect deposits from ATMs? Yes No

27. What is the maximum number of ATMs each ATM crew has access to at any one time?

First line maintenance: .....

Replenishment or second line maintenance: .....

If No, give details: .....  
.....  
.....

28. Does each ATM crew return all materials giving means to access to ATMs to your premises at the end of each shift? Yes No

If Yes, give details: .....  
.....  
.....

29. Do you have sole access to and control over any ATMs? Yes No

If Yes, give details: .....  
.....  
.....

**G. PHYSICAL SECURITY ON PREMISES**

30. How are entry and exit to the premises controlled for the following? Give full details

(a) Vehicle: .....

(b) Personnel and visitors: .....



31. State make, model and U.L. rating of your safes and vaults.

	Make	Model	Size	Weight	U.L. Rating
Safe 1					
Safe 2					
Safe 3					
Safe 4					
Safe 5					

Vault 1					
Vault 2					
Vault 3					

32. Specify all alarm systems on your premises. Attach copies of U.L. Certificates for each of the above systems.

**PREMISES 1**

	U.L. extent	Is it partial or complete coverage of all safe(s) and vault(s)	U.L. Grade: A,B,C, AA, BB, or CC	Type of system: Central station, police connect, mercantile or local mercantile	Date U.L. certificate expires	Servicing or maintenance company
Alarm 1						
Alarm 2						
Alarm 3						

**PREMISES 2**

	U.L. extent	Is it partial or complete coverage of all safe(s) and vault(s)	U.L. Grade: A,B,C, AA, BB, or CC	Type of system: Central station, police connect, mercantile or local mercantile	Date U.L. certificate expires	Servicing or maintenance company
Alarm 1						
Alarm 2						
Alarm 3						

**PREMISES 3**

	U.L. extent	Is it partial or complete coverage of all safe(s) and vault(s)	U.L. Grade: A,B,C, AA, BB, or CC	Type of system: Central station, police connect, mercantile or local mercantile	Date U.L. certificate expires	Servicing or maintenance company
Alarm 1						
Alarm 2						
Alarm 3						

33. Are there hold up buttons on your premises? Yes No

34. How many members of your organisation have been entrusted with:

- (a) keys? .....
- (b) alarm code? .....
- (c) vault/safe combinations? .....



35. Do you practice dual control for opening and closing of all safes and vaults? Yes No  
 If No, give details: .....  
 .....  
 .....
36. Do you practice dual control for access to all vaults, safes, coin and currency processing and storage areas?  
 Yes No  
 If No, give details: .....  
 .....  
 .....

**H. PROCEDURES AND MANNING**

37. State numbers employed in each category	Full time	Part time
(a) Management	.....	.....
(b) Supervisory	.....	.....
(c) Office/clerical	.....	.....
(d) Sales	.....	.....
(e) Crewmen	.....	.....
(f) Mechanics	.....	.....
(g) Vault custodian	.....	.....
(h) Others	.....	.....

38. Will your premises be manned 24 hours a day? Yes No  
 If No, give details: .....  
 .....  
 .....

39. What are your business hours? (*"business hours" throughout this proposal refers to this answer*)  
 Until: .....

40. What is the minimum number of personnel on duty at your premises?  
 (a) during closed periods: .....  
 (b) during business hours: .....

41. Are all your vaults and safes shut, locked and alarmed outside of business hours? Yes No  
 If No, give details: .....  
 .....  
 .....

42. What is the minimum number of armed personnel on duty at your premises?  
 (a) during periods when the vault is closed? .....  
 (b) during hours when the vault is open or unlocked? .....





52. Do management regularly monitor operational crew performance and retain such records on file?  
 Yes    No
53. Do you carry out random credit checks on existing employees?    Yes    No
54. Annex to this proposal supply a copy of any standard form contract pursuant to which you do business with your customers.
55. Specify below all vehicle armoured or otherwise to be insured hereunder.

	Make of vehicle	Model and year	Specification of armour	Is vehicle fitted with 2-way radio?		What type of security systems are fitted? (e.g. alarms and tracking systems)	Is there a bulkhead that fully protects at least 1 member of the crew whilst any one door to the armoured vehicle is opened?	Are vehicles maintained by insured's staff on insured's premises?		Licence plates and registration number?	
				Yes	No			Yes	No	Yes	No
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

**I. TRADE REFERENCES**

56. Give names and addresses of two referees from your trade.

Name: .....

Address: .....

Name: .....

Address: .....

**J. FINANCIAL**

Attach a set of your latest audited financial statements to this proposal.



