



CHECK CASHER'S/PAYDAY LENDER APPLICATION

PART A. GENERAL UNDERWRITING INFORMATION

1. Names and Locations:

a. All Named Insured's to be included for coverage are:

b. Our Address is:

c. Our mailing address is:

d. Contact:

Name

Phone *Fax*

E-Mail

e. Policy Period: *Effective Date:* *Expiration Date:*

2. Nature of Business During the Last 12 Months:

a. Total number of years in business:

b. Has there been any change in ownership or management within the last three years? Yes No (If "yes" please explain below)

c. Gross Revenue:

3. Past Experience:

a. Have there been any losses in the past five years? Yes No

b. Loss Details: If so, please state details below:

<u>Date of Loss</u>	<u>Nature of Loss</u>	<u>Amount Paid</u>

c. If there has been losses, what has been done to prevent a future loss? *(Describe Below)*

4. Cancellations or Refusals:

a. Has any insurer ever canceled or refused to issue or continue any insurance for you? Yes No

b. If yes, please state the reason: _____

5. Opening and Closing Procedures:

a. Describe your opening & Closing procedures: _____

b. What is the least number of people involved at any one location for opening or closing? _____

c. Are armed personnel used for opening and closing at each location each day? Yes No

6. General Information:

a. Total number of employees at this location? _____

b. Total number of employees at all locations combined? _____

c. Construction: Frame Joisted Masonry
 Masonry Non Combustible Fire Resistive

d. Number of Stories: _____ Square Footage _____ Square Feet Occupied _____

e. Is your premises sprinklered? Yes No

f. Year Built? _____ If over 20 years old, please provide update years below:
Wiring _____ HVAC _____ Roof _____ Plumbing _____

g. Do you own the building? Yes No

h. Are you in a coastal state? Yes No If so, miles from the coast? _____

*** Coastal is defined as any location in Florida or any location within 20 miles of the coast from the following States: AL, MS, LA, TX, GA, SC, NC & NJ.**

7. Physical Protection:

- a. Is there a central station alarm at each location? Yes No
- b. Does the alarm system include motion sensors? Yes No
- c. Does the alarm system include line security? Yes No
- d. Are all safes connected to the alarm system? Yes No
- e. Are hold up alarms utilized at each teller window? Yes No
- f. Are there portable hold up buttons at each location? Yes No
- g. Are CCTV's or video devices used at all locations? Yes No
- h. Are man traps or bullet resistive entry systems used at each location? Yes No
If "No" are locked door buzzers used at all locations? Yes No
- i. Is there a floor to ceiling bandit system or bullet resistive enclosure used at each location? Yes No
- j. Is there a Class E, TL-15, TL-30 or better safe used at each location? Yes No

8. External Exposures:

a. Do you transport cash between owned locations? Yes No

Please Explain: _____

b. Do you ever transport cash or checks without using an armored vehicle? Yes No

If yes, please indicate: 1. How many times weekly? _____ 2. Average values conveyed? _____
3. Physical Protection utilized? _____

c. Do you utilize an armored car service for cash delivered to your store? Yes No

Please Explain: _____

d. Do you utilize an armored car service for your bank deposits? Yes No

Please Explain: _____

e. Do you own any armored vehicle? Yes No **If Yes How Many?** _____

f. What are the estimated annual values shipped via armored car in the last twelve months? _____

g. Do you cash any checks away from your premises? Yes No **If Yes describe the process below?**

h. What is the frequency of your deposits? _____

i. What is your average, minimum and maximum deposit size?
Average _____ Minimum _____ Maximum _____

j. What is the makeup of each deposit? Cash _____ % Checks _____ %

k. In the event of a loss, what percentage of cashed checks can be duplicated or re-constructed? _____ %

9. Internal Controls

a. Are all checks stamped "For Deposit Only" upon receipt? Yes No

b. Are there any types of checks that are not cashed immediately? Yes No

If yes, please describe: _____

c. Is a photographic check reorder or other form of scanning used? Yes No

d. What forms of identification (ID) do employees check prior to cashing checks? _____

e. How often is an inventory of money performed at each location? _____

f. Is a countersignature of all company checks required? Yes No

If no, who has the authority to sign company checks? _____

g. Is there a limit that does require a countersignature for checks? Yes No

If yes, what is the limit where you require a countersignature on checks? _____

h. What is the average total value of money and securities on premises? _____

i. Are bank accounts reconciled monthly? Yes No

j. Does someone not authorized to deposit or withdraw reconcile bank accounts? Yes No

Please Explain: _____

k. Are locks and combinations changed when employees employment is terminated for any reason? Yes No

If So, Please Explain: _____

l. Are credit checks performed on prospective employees? Yes No

If Not, Please Explain: _____

m. Are credit checks performed periodically on prospective employees? Yes No

n. Are background checks run on prospective employees? Yes No

o. Is drug testing done prior before employees are hired? Yes No

p. Is random testing done once employed? Yes No

9. Internal controls continued

q. Describe what type of training new employees received when employed: (Please fill in below)

r. Do employees receive an employee handbook or manual including security and other procedures? Yes No

s. Do employees receive any type of commission or bonuses related to the volume of checks cashed? Yes No

If So, Please Explain: _____

PART B. SCHEDULE OF COVERAGE LIMITS AND DEDUCTIBLES

<u>SECTION 1-CHECK CASHERS STOCK AND BPP</u>	<u>LIMIT</u>	<u>DEDUCTIBLE *</u>
A. Property on Premises "Stock"	_____	_____
B. Property Deposited in a safe or vault of a bank safety deposit Vault company:	_____	_____
C. Property at the Premises of Customers:	_____	_____
D. Armored Car	_____	_____
E. Property whilst being personally conveyed:	_____	_____
F. Business Personal Property including improvements and betterments.	_____	_____
G. Business Computers	_____	_____
H. Electronic Media	_____	_____
I. Valuable Papers and Records	_____	_____
J. Accounts Receivable Coverage	_____	_____
K. Ordinance and Law	_____	_____
L. Employee Theft	_____	_____
M. Forgery and Alteration	_____	_____
N. Computer Fraud	_____	_____
O. Incoming Check/Money Orders Forgery & Alteration	_____	_____
P. Off Premises Check Cashing within an Armored Vehicle	_____	_____
Q. Cash within an ATM Machine: <i>List Addresses & Limit for each to be insured:</i>		
Address:		Limit:
_____		_____
_____		_____
_____		_____
_____		_____
R. Coverage for ATM Machine itself		
Address:		Limit:
_____		_____
_____		_____
_____		_____
_____		_____

***DEDUCTIBLES SHOWN ABOVE SHALL APPLY FOR ALL LOCATION EQUALLY.**

Section 2 - Check Cashiers Property

LIMIT

DEDUCTIBLE

A. Building

B. Business Interruption (Fill in Per month Limit)

3 Months 4 Months 6 Months

C. Glass

D. Signs

Section 3 - Liability

LIMIT

DEDUCTIBLE

a. Commercial General Liability

Per Occurrence

Aggregate

b. Hired Non Owned Liability

(Limit is per occurrence and in the annual aggregate)

c. Employee Benefits Liability

(Limit is per occurrence and in the annual aggregate)

d. Employers "Stop Gap" Liability (In the annual aggregate)

CYBER LIABILITY (*If coverage is needed supplemental application is required)

a. Cyber Liability

\$500,000

\$1,000,000

b. Have you maintained continuous coverage in respect of Cyber Liability?

Yes

No

If "Yes", Please state Previous Carrier?

Retro Date:

EMPLOYMENT PRACTICES LIABILITY (*If coverage is needed supplemental application is required)

a. E.P.L.I.

\$100,000

\$300,000

\$500,000

\$1,000,000

b. Have you maintained continuous coverage in respect of E.P.L.I.?

Yes

No

If "Yes", Please state Previous Carrier?

Retro Date:

ADDITIONAL INTEREST

NAME

ADDRESS

Mortgagee Landlord Lender

Loss Payee Additional Insured

Signature of Proposer

This application/proposal does not bind the proposer to buy a policy. Should a policy be issued this application will attach to and become part of the policy. To the best of the proposer's knowledge, this application is true and accurate. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application/proposal of insurance is guilty of a crime and may be subject to fines and confinement in prison.

Signature of Proposer

Date