

Armoured Car Operators Proposal Form



Please send completed forms to specie@syndicate1884.com

1 General

A) Full name of proposer(s)
(in this proposal form "you" refers to the answer to this question)

B) Name under which you trade

C) List full address of all your premises associated with your business and your principal office telephone and email address (including area codes)

Premises 1

Premises 2

Premises 3

(Continue on a separate sheet if necessary)

Main office tel. no:

Email address:

D) Names under which you have previously traded

(Continue on a separate sheet if necessary)

E) Names of officers and owners, their addresses and social security numbers

(Continue on a separate sheet if necessary)

F) How long have you been in business as carriers?

(i) at your present address

(ii) elsewhere

G) 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



(Continue on a separate sheet if necessary)

H) Have you been or are you currently insured?

Yes/No

If Yes, state

(i) names of

(a) insurers

(b) brokers or agents

(ii) renewal date of insurance

I) 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

(Continue on a separate sheet if necessary)

2 Loss History

A) In the last 6 years have you or any Predecessor company suffered a loss or losses, whether covered by insurance or not and if insured whether a claim was paid or not?

Yes/No

If Yes, give details

(i) date(s) of loss(es)

(ii) circumstances and amount of each loss

(Continue on a separate sheet if necessary)

(iii) state whether insured and if paid in full or otherwise

(Continue on a separate sheet if necessary)



B) Are you aware of any shortages, or claims of shortages, asserted by any customer, bank, banking organization or state or federal regulator exceeding the sum of USD500 asserted or discovered in the preceding 24 months?

Yes/No

If Yes, give details

(Continue on a separate sheet if necessary)

3 Amounts Insured

A) What limits of insurance do you require for insured property?

(i) on the premises specified in the schedule

In vault: USD _____

(ii) whilst in armoured cars

Out of vault: USD _____

USD _____

(iii) pavement limit (not including ATM operations)

USD _____

Note: you may require separate limits in secure and non-secure areas.

USD _____

(Continue on a separate sheet if necessary)

(iv) ATM operations

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

USD _____

4 Amounts Exposed

A) 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 USD _____

Next USD _____

(estimate)

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

		Secure area to secure area	Other
Federal Runs	USD		
Bank to Bank	USD		
Retail Stores	USD		
Other (specify)	USD		
Total	USD		



C) Estimate your annual face value carryings by type.

		Secure area to secure area	Other
Cash (note)	USD		
Cash (coin)	USD		
Bullion	USD		
Food Stamps	USD		
Other (give details)	USD		

D) What are the total values exposed at the premises:

(i) in safes and vaults USD _____

(ii) outside safes and vaults USD _____

give details of (ii) _____

(Continue on a separate sheet if necessary)

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

(i) cash USD _____

(ii) other valuables USD _____

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

(i) cash USD _____

(ii) other valuables USD _____

G) (i) Do you carry cash and valuables between states?

Yes/No

(ii) Are you required to make filings?

Yes/No

If Yes to either, give details

(Continue on a separate sheet if necessary)



H) Complete this table in respect of your vehicle exposures

Transit Exposures					
Days Operating	Vehicles Used	Daily Stops Per Route	Maximum Exposures USD	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				

I) Do you separate all cash holdings for your customers? Yes/No

If No, give details

5 Coin Operations

A) Do you count coin? Yes/No

B) Do you roll coin? Yes/No

C) Do you keep all coin currency for each of your customers separately? Yes/No

If No, give details



D) What is the average and maximum value of coin on your premises by premises?

	Average	Maximum
Premises 1	USD	USD
Premises 2	USD	USD
Premises 3	USD	USD

6 ATM Operations

A) Do you always use a crew of at least 2 persons?

Yes/No

If No, give details

(Continue on a separate sheet if necessary)

Do you:

B) (i) engage in first or second line maintenance of ATMs?

Yes/No

(ii) replenish or collect deposits from ATMs?

Yes/No

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

First line of maintenance _____
 Replenishment or second line maintenance _____

D) 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 No, give details

(Continue on a separate sheet if necessary)

E) Do you have sole access to and control over any ATMs?

Yes/No

If Yes, give details

(Continue on a separate sheet if necessary)

7 Physical Security on Premises

A) How are entry and exit to the premises controlled for the following? Give full details

(i) Vehicle

(ii) Personnel and Visitors

(Continue on a separate sheet if necessary)



B) 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					

C) 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						



D) Are there hold up buttons on your premises?

Yes/No

E) How many members of your organisation have been entrusted with:

(i) keys?

(ii) alarm code?

(iii) vault/safe combinations?

F) Do you practise dual control for opening and closing of all safes and vaults?

Yes/No

If No, give details

(Continue on a separate sheet if necessary)

G) Do you practise dual control for access to all vaults, safes, coin and currency processing and storage areas?

Yes/No

If No, give details

(Continue on a separate sheet if necessary)

8 Procedures and Manning

A) State numbers employed in each category

Full Time

Part Time

(i) Management

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(ii) Supervisory

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--

(iii) Office/clerical

--

--

(iv) Sales

--

--

(v) Crewmen

--

--

(vi) Mechanics

--

--

(vii) Vault custodian

--

--

(viii) Others

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B) Will your premises be manned 24 hours a day?

Yes/No

If No, give details

(Continue on a separate sheet if necessary)



C) What are your business hours?
("business hours" throughout this proposal refers to this answer) _____ until _____

D) What is the minimum number of personnel on duty at your premises?
(i) during closed periods _____
(ii) during business hours _____

E) Are all your vaults and safes shut, locked and alarmed outside of business hours? Yes/No
If No, give details _____

(Continue on a separate sheet if necessary)

F) What is the minimum number of armed personnel on duty at your premises?
(i) during periods when the vault is closed? _____
(ii) during hours when the vault is open or unlocked? _____

G) Do you require your employees to submit to the following tests?
(i) medical Yes/No
(ii) polygraph Yes/No
(iii) psychological Yes/No
(iv) narcotics Yes/No
If No to any of the above, give details _____

(Continue on a separate sheet if necessary)

H) When screening new employees do you conduct the following checks?
(i) prior employment references Yes/No
(ii) credit Yes/No
(iii) neighbourhood Yes/No
(iv) criminal records Yes/No
(v) driver records Yes/No
If No to any of the above, give details _____

(Continue on a separate sheet if necessary)

I) How long as a minimum do you employ people before allowing them to crew an armoured car? _____



- J) What will be the minimum number of crew (including driver) who will ride in each vehicle on operations? Up to limit of USD _____ No of crew _____
Up to limit of USD _____ No of crew _____
Up to limit of USD _____ No of crew _____
- K) Are all armoured car crew members armed? Yes/No
If No, give details _____

(Continue on a separate sheet if necessary)
- L) State pavement limits required Up to limit of USD _____ No of crew _____
Up to limit of USD _____ No of crew _____
Up to limit of USD _____ No of crew _____
- M) When armoured vehicles are not in a secured and guarded concourse will at least one member of the crew stay in each vehicle during operations regardless of circumstance? Yes/No
- N) Do you use a radio communication system that is fully functional for all your operations Yes/No
- O) In case of an attack on a terminal have you an automatic code or alarm procedure which will in effect instruct all vehicles to disregard further orders from that terminal and proceed direct to the nearest Police Station (or similar emergency procedure)? Yes/No
- P) Do management regularly monitor operational crew performance and retain such records on file? Yes/No
- Q) Do you carry out random credit checks on existing employees? Yes/No
- R) Annex to this proposal supply a copy of any standard form contract pursuant to which you do business with your customers.



S) Specify below all vehicles armoured or otherwise to be insured hereunder											
	Make of Vehicle	Model and Year	Spec 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 Assured's staff on Assured'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											

(Continue on a separate sheet if necessary)

9 Trade References

A) Give names and addresses of 2 referees from your trade.

Name

Address

Name

Address

B) What Associations are you members of?

10 Financial

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



Losses Occurring Policy Basis

This Proposal Form is for a losses occurring policy. This means the policy only responds to any one loss or series of losses arising out of an occurrence against the Insured during the period stipulated within the Policy, and notified to the insurer in writing within the time period stated within the policy wording. Circumstances which could give rise to a future claim must also be notified to the insurer in writing during the policy period, for the policy to respond.

Insurance Act 2015 - Proposal Forms For Non-Consumer Contracts - Duty Of Fair Presentation

1. Before this insurance contract is entered into, the Insured must make a fair presentation of the risk to the Insurer, in accordance with Section 3 of the Insurance Act 2015. In summary, the Insured must:
 - a) Disclose to the Insurer every material circumstance which the Insured knows or ought to know. Failing that, the Insured must give the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances. A matter is material if it would influence the judgement of a prudent insurer as to whether to accept the risk, or the terms of the insurance (including premium);
 - b) Make the disclosure in clause (1)(a) above in a reasonably clear and accessible way; and
 - c) Ensure that every material representation of fact is substantially correct, and that every material representation of expectation or belief is made in good faith.

2. For the purposes of clause (1)(a) above, the Insured is expected to know the following:
 - a) If the Insured is an individual, what is known to the individual and anybody who is responsible for arranging his or her insurance.
 - b) If the Insured is not an individual, what is known to anybody who is part of the Insured's senior management; or anybody who is responsible for arranging the Insured's insurance.
 - c) Whether the Insured is an individual or not, what should reasonably have been revealed by a reasonable search of information available to the Insured. The information may be held within the Insured's organisation, or by any third party (including but not limited to subsidiaries, affiliates, the broker, or any other person who will be covered under the insurance). If the Insured is insuring subsidiaries, affiliates or other parties, the Insurer expects that the Insured will have included them in its enquiries, and that the Insured will inform the Insurer if it has not done so. The reasonable search may be conducted by making enquiries or by any other means.

Insurance Act 2015 – Declaration and Signature

I/we declare that I/we have made a fair presentation of the risk, by disclosing all material matters which I/we know or ought to know or, failing that, by giving the Insurer sufficient information to put a prudent insurer on notice that it needs to make further enquiries in order to reveal material circumstances.

Dated.....

Signature

Print Name

Title (must be Chairman of the Board, CEO,
President or equivalent)

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