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## ARMoured CAR SERVICES SUPPLEMENT SECURITY & PROTECTION INDUSTRY PROGRAMME APPLICATION

Name of Applicant: \_\_\_\_\_  
 \_\_\_\_\_

1. How long has your operation been established as a cash carrier? \_\_\_\_\_
2. List Officers & Directors of Company & Key Personnel

NAME	TITLE	STATE ARMoured CAR & SECURITY EXPERIENCE

### PROCEDURES

3. Do you undertake not to entrust cash or other valuables to a crew unless at least one crew member (driver or guard) has been in your employ for at least a year?     Yes     No
4. Will staff operating/guarding vehicles be issued with or be required to wear/carry at all times on duty
  - Uniforms
  - Side Arms
  - Other Protective Items - List: \_\_\_\_\_
5. State briefly the period of regular training required to produce a fully trained member, and the minimum training you require new staff to complete prior to using them on operations.

\_\_\_\_\_  
 \_\_\_\_\_

6. Will all vehicles be equipped with a bulkhead that will fully protect at least one member of the crew whilst any one door to the armoured vehicle is opened?  Yes  No
7. What will the minimum number of staff be in each vehicle, including the driver, while on operations? \_\_\_\_\_
8. When armoured vehicle is not in a secured and guarded concourse, will at least one crew member stay in each vehicle during operations regardless of circumstances?  Yes  No
9. What is the maximum value of cash and/or valuables carried in any one vehicle at any one time? \$ \_\_\_\_\_
10. Average value per shipment: \$ \_\_\_\_\_
11. Average number of trips weekly: \_\_\_\_\_
12. What will be the maximum value which will be at risk at any one time outside the armoured vehicle ?  
(i.e. Pavement Risk) \_\_\_\_\_
13. Describe nature of radio communication system:  
\_\_\_\_\_  
\_\_\_\_\_
14. Will all operations be carried out within radio range of your base station?  Yes  No  
  
If No, state the maximum radius of operations required and describe method of communications control:  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONNEL - Concerned directly or indirectly with carriage of valuables**

15. Provide number of personnel by classification as hereunder.  

Management _____	Crewmen _____
Supervisors _____	Mechanics _____
Office/Clerical _____	Other (explain) _____
Full Time _____	Part Time _____
16. Will your premises be manned 24 hours a day?  Yes  No
17. What is the minimum number of personnel on duty during working hours? \_\_\_\_\_  
Armed \_\_\_\_\_ Unarmed \_\_\_\_\_
18. Are new employees asked to submit to the following?  
 Medical Test  
 Psychological Testing
19. When screening new employees do you conduct the following checks?  
 References  Criminal Record  
 Credit  Driving Record
20. Do you have photographs and finger print records of all employees on file?  Yes  No

## EQUIPMENT

21. Mobile:

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22. For the protection of cash/valuables when inside the armoured vehicles, do you use the following?

Locked drop box

Locked cage

Other methods (describe) \_\_\_\_\_

If not why not?

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23. TERMINALS

a) What is the minimum number of armed personnel on duty at the terminal during hours of operation? \_\_\_\_\_

b) Describe access controls:

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c) In case of an attack on a vehicle through Headquarters have you an automatic code or alarm procedure which will in effect instruct all vehicles to disregard further orders from Headquarters and proceed directly to nearest Police station (or similar emergency procedure)?

Yes  No

(d) Will your vehicles, when not in use, be kept in securely locked and enclosed premises?

Yes  No

24. Do management regularly monitor operational crew performance and retain records on file?

Yes  No

25. Please attach a copy of current service contract.

26. Is there any other information which is or may become material to the proposed insurance and which is not already disclosed to underwriters?  Yes  No If Yes, describe

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**This supplement, together with the Security & Protection Programme application to which it is attached, constitute the Applicant's representations and will form the basis of any policy that may be issued.**

Signature of Applicant \_\_\_\_\_

Dated \_\_\_\_\_