

ATM PROPOSAL FORM

IMPORTANT INFORMATION

COMPLETING THE PROPOSAL FORM

Firstly we ask that you read the Important Notices on Page 17 of this proposal, as this is required under the "Insurance Contracts Act 1984". It will also assist you in the completion of this form.

- Please answer all questions fully
- If insufficient space is provided, please give your answer on a separate sheet of paper.

If you have any difficulties completing this form, please contact your broker or insurance adviser for assistance.

PROPOSER'S DETAILS

Name of Proposer:		
Trading Name (if different):		
Address for Correspondence:		
Post Code:		
Telephone Number:		
Mobile Number:		
ABN:		
Number of years in ATM business:		
Number of:		
1. Directors, Partners or Principals:		
2. Employees:		
Names of Officers/ Directors and Experience:	Name 1. 2. 3.	Years of Experience
Annual revenue or income:	Past 12 months \$	Estimated Next 12 Months \$
Has the company ever been known by a different name or title:	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please state below:	
Name or Title:		
Date from when insurance cover is required:		



FIXED ATM DETAILS

1. Please give details of each Fixed ATM in the table below. Please use a separate sheet if required:

ATM	Situation Type: (e.g. Shopping Centre, Shop, Petrol Station, etc)	Situation Address:	Sum Insured Required:
1.			Cash: \$ ATM: \$
2.			Cash: \$ ATM: \$
3.			Cash: \$ ATM: \$
4.			Cash: \$ ATM: \$
5.			Cash: \$ ATM: \$
6.			Cash: \$ ATM: \$
7.			Cash: \$ ATM: \$
8.			Cash: \$ ATM: \$
9.			Cash: \$ ATM: \$
10.			Cash: \$ ATM: \$
11.			Cash: \$ ATM: \$
12.			Cash: \$ ATM: \$

2. Please give security details for each ATM listed table 1 above. Please use a separate sheet if required:

(Address will auto-populate from table 1 if completed electronically. Please check boxes where applicable to confirm security applies to ATM)

ATM	Situation Address:	Situation Alarmed	Anti Ram-Raid Bollards	ATM Anchored to Floor	ATM Alarmed	Covered by CCTV	Raminators Fitted
1.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please describe any other security protections:

4. Fixed ATM Re-Stocking	
A.	Who is responsible for restocking the ATM's?
B.	Do you require cover for Cash-in-Transit (CIT) and restocking operations? Yes: <input type="checkbox"/> No: <input type="checkbox"/> If 'Yes', a separate CIT proposal will be required
C.	Are keys to ATM's kept at the Situation(s)? How are keys secured: 1. During Trading Hours: 2. Outside Trading Hours: Yes: <input type="checkbox"/> No: <input type="checkbox"/> If 'Yes', please complete C.1 and C.2 below

5. Public and Products Liability Cover	
A.	Do you require cover for Public & Products Liability? Yes: <input type="checkbox"/> No: <input type="checkbox"/>
B.	If only required for specific ATM's, please state which: (Specify ATM number(s) from the table above)
C.	What limits of Liability are required? <input type="checkbox"/> \$ 10,000,000 <input type="checkbox"/> \$20,000,000

6. False Card Cover	
A.	Do you require False Card cover? (covers theft of cash from the ATM machine that you are unable to recover arising from use of false cards) Yes: <input type="checkbox"/> No: <input type="checkbox"/>
B.	Limit Required <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 Aggregate during the policy period

7. Fixed ATM's in Storage or Transit		
A.	Do you require cover for ATM's in storage awaiting installation?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If Yes, please answer questions B to D below
B.	Number of Machines: Average Value per ATM: Maximum Value per ATM: Total Value in Storage: Sum Insured Required:	
C.	Details of Storage Location 1. Name of Facility: 2. Address:	
D.	Security at Storage Location:	
E.	Do you require cover for ATM's in transit from the Storage Location to the Site?	Yes: <input type="checkbox"/> No: <input type="checkbox"/> If yes, please answer questions F to G below
F.	Who will carry out the transits?	
G.	Maximum distance:	km
H.	1. Estimated Number of Transits in the coming year: 2. Average Value per Transit or Conveyance: 3. Maximum Value:	
I.	Who will carry out the installation at the site:	
J.	Is the installer responsible for loss or damage to the ATM?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
K.	If 'Yes' do they have insurance covering the installation work?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>



8. Procedures		
A.	If ATM's are leased, do you have written contacts with the Site Holder?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
B.	If yes, please give details or supply a copy of the contract:	
C.	Are ATM's and any security devices and alarms inspected / tested and maintained on a regular basis?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
D.	If yes, who is responsible for such inspection / testing and maintenance?	

9. Insurance History			
A.	In the table below, Please provide details of any loss(es) sustained during the last five years, whether insurance was in force or not:		
	Date of Loss	Description of Loss	Amount Paid
			\$
			\$
			\$
			\$
B.	Has Lloyd's or any other insurer ever declined, cancelled or refused to issue or continue any insurance for you?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
C.	If yes, please provide details:		

Are there any other matters concerning the risk you wish to disclose:

Declaration

To the best of my knowledge and belief the information provided in this proposal, whether in my own hand or not, is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle underwriters to avoid this insurance.

I understand that the signing of this proposal does not bind me or the underwriters to complete the insurance but agree that, should a contract of insurance be issued, this proposal and any attachments hereto shall form the basis of the contract.

Name and Title of Proposer: _____

Signature of Proposer: _____

Dated: _____

Quantum Underwriting Agencies Pty Ltd

Suite 2, Eaton House, 10 Cassowary Bend, Eaton, WA 6232. ABN 68 131 910 542

T: 08 9724 1555

F: 08 9725 2901

E: reception@qua.net.au

CAR: 328 372

Quantum Underwriting Agencies is a Corporate Authorised Representative of:

Quantum Insurance Holdings Pty Ltd.

Suite 2, Eaton House, 10 Cassowary Bend, Eaton, WA 6232. ABN 71 163 019 485

T: 08 9724 1555

F: 08 9725 2901

E: reception@qua.net.au

AFS: 451 134

Addendum 1 - Mobile / Temporary ATM Cover – Trailer Mounted ATM's

Trailer No	Trailer Protections			Estimated Total Number of Days Used Per Year	Is Trailer Ever Left at Venue Overnight?	Sums Insured Required				
	Tow Hitch Lock	Wheel Clamp	GPS Tracking			Trailer	ATM 1	ATM 2	ATM 3	ATM 4
							Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	\$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$	Cash \$ ATM \$



A.	Please describe the types of Venues or Events attended:		
B.	What is the maximum duration of the Events you attend?	days.	
C.	Is cash ever left in ATM's or Trailers at Events overnight?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions D to D below:
D.	What is the maximum value of cash in any one:	ATM: \$ Trailer: \$ Event Total: \$	
E.	Where are the ATM's / Trailer(s) kept at night during the Event?		
F.	What security is employed? Please give full details:		
G.	Do you require cover for the ATM's and/or Trailer(s) whilst in storage? (Check box if Yes)	ATM <input type="checkbox"/> Trailer <input type="checkbox"/>	If Yes, Please answer Questions H to J below
H.	What is the address of the Storage Location?		
I.	What is the total value in storage at this location?	ATMs \$ Trailers: \$	
J.	How are the ATM's / Trailer(s) secured at this Location? Please give details:		
K.	Is cash ever left in ATM's or Trailers at the Storage Location?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions L to N below:
L.	What is the maximum value of cash in any one:	ATM: \$ Trailer: \$ Storage Location: \$	
M.	What is the maximum duration (period of time) that cash would be kept here?	At any one time: In total during the year:	
N.	How is the cash secured? Please give details:		

O.	Do you require cover for ATM's and Trailers whilst in transit (road risk) to and from the Storage Location to and from Events? (Check box if Yes)	ATM <input type="checkbox"/> Trailer <input type="checkbox"/>	If Yes, Please answer Questions P to Q below:
P.	Please advise:	Who does the Transit: Average Distance per Transit: _____ km Maximum Distance per Transit: _____ km Number of Transits per Year: _____	
Q.	What is the maximum value of any one Trailer and ATM's combined any one transit?		\$
R.	Are ATM's ever transported with cash in?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions S to W below:
S.	What is the maximum value of cash in any one:	ATM: _____ Trailer: _____	\$ \$
T.	What is the average value of cash transported at any one time and how many transits are there per year:	Average value of Cash _____ Number of Transits Per year: _____	\$
U.	Does the Trailer carry any markings or signs whilst in transit that could identify there are ATM's inside?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
V.	If you attend regular Events, do you vary the routes to and from?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
W.	Please advise any other security for the transits?		
X.	Have You had any previous claims for loss of or damage to ATM's, Cash or Trailers at Events, in Storage or in Transit in the last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please give details below including the date of loss, circumstances of the loss, the amount claimed and the amount paid (unless details already noted in Q 9 above).

Date of Loss	Circumstances of Loss	Amount Claimed	Amount Paid
		\$	\$
		\$	\$
		\$	\$



Addendum 2 - Mobile / Temporary ATM Cover – Freestanding ATM's

ATM No	How is this ATM secured when in use? Please describe	Estimated Total Number of Days Used Per Year	Is ATM Left at Venue Overnight?	Sums Insured Required	
1.				Cash	\$
				ATM	\$
2.				Cash	\$
				ATM	\$
3.				Cash	\$
				ATM	\$
4.				Cash	\$
				ATM	\$
5.				Cash	\$
				ATM	\$
6.				Cash	\$
				ATM	\$
7.				Cash	\$
				ATM	\$
8.				Cash	\$
				ATM	\$

A.	Is cash ever left in ATM's overnight?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions B to D below:
B.	What is the maximum value of cash in any one ATM overnight?		\$
C.	What is the maximum value of cash in all ATM's at the same Event or Location overnight?		\$
D.	Please describe security for the ATM's / cash as fully as possible:		



E.	Do you require cover for these ATM's whilst in storage?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions F to G below
F.	What is the address of the Storage Location?		
G.	What is the maximum value of ATMs in storage at this location at any one time?	Maximum Value:	\$
H.	How are the ATM's secured at this Location? Please give details:		
I.	Is cash ever left in ATM's at the Storage Location?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions J to L below:
J.	What is the maximum value of cash in:	Any one ATM:	\$
		All ATM's at the Storage Location:	\$
K.	What is the maximum duration (period of time) that cash would be kept here?	At any one time:	
		In total during the year:	
L.	How is the cash secured? Please give details:		
M.	Do you require cover for ATM's whilst in transit to and from the Storage Location to and from Events / Venues where the ATM's will be installed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions N to O below:
N.	Please advise:	Who does the Transits:	
		Average Distance per Transit:	km
		Maximum Distance per Transit:	km
		Number of Transits per Year:	
O.	What is the maximum value of ATM's in any one transit?		\$
P.	Are ATM's ever transported with cash in?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please answer Questions Q to T below:
Q.	What is the maximum value of cash in:	Any one ATM:	\$
		All ATM's in any one conveyance:	\$



R.	If you attend regular Events, do you vary the routes to and from?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
S.	Please advise any other security for the transits?		
T.	Please describe the types of events or venues attended?		
U	Have You had any previous claims for loss of or damage to ATM's or Cash at Events, in Storage or in Transit in the last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please give details in the table below including the date of loss, circumstances of the loss, the amount claimed and the amount paid (unless details already noted in Q 9 above).

Date of Loss	Circumstances of Loss	Amount Claimed	Amount Paid
		\$	\$
		\$	\$
		\$	\$
		\$	\$



Addendum 3 - Money Cover

A.	Do you require cover for Money in Safe at Your Business Premises or Private Residence?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
B.	Address:	
C.	Is there a back to base monitored alarm at this Location?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
D.	Please give specifications of the safe:	Weight: _____ kg Cash Rating (if known) \$ _____
E.	Is this safe bolted to the floor?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
F.	What is the maximum value of cash that will be kept here?	\$ _____
G.	What Sum Insured do you require for cash in safe (if different to the sum in F above)?	\$ _____
H.	Do you require cover for cash in transit by Personal Conveyance?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
I.	Please give details of each person who will carry cash:	Name: _____ Age: _____ Name: _____ Age: _____ Name: _____ Age: _____
J.	What is the maximum value of cash that will be carried at any one time by:	Any one person (carrier): \$ _____ All carriers travelling together: \$ _____
K.	What is the average value of cash that will be carried at any one time?	\$ _____
L.	How many transits per week?	
M.	How is the cash transported? (e.g. back-pack, money belt or other)	



N.	Please confirm all transits are carried out by private transport and are direct (i.e. from point of origin to destination without stops other than for refuelling or short rest breaks).	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If No, Please give details:
O.	Have You had any previous claims for loss of or theft of Cash in the last 5 years?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>	If Yes, Please give details in the table below including the date of loss, circumstances of the loss, the amount claimed and the amount paid (unless details already noted in Q 9 above).

Date of Loss	Circumstances of Loss	Amount Claimed	Amount Paid
		\$	\$
		\$	\$
		\$	\$
		\$	\$

IMPORTANT NOTICES

Your Rights and Obligations

The Duty of Utmost Good Faith: The Insurance Contracts Act 1984 states the following: "A contract of insurance is a contract based on utmost good faith and there is implied in such a contract a provision requiring each party to it to act towards the other party, in respect of any matter arising under or in relation to it, with the utmost good faith.

Your Duty of Disclosure

Before you enter in to a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984 to disclose every matter which you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk, and if so, on what terms.

You have this duty until we agree to insure you. You have the same duty to disclose such matters before you renew, extend, vary or reinstate a contract of insurance.

Your duty, however, does not require you to disclose a matter:

- That diminishes the risk to be undertaken by the insurer;
- That is common knowledge;
- That the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- As to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurers may be entitled to reduce their liability under the contract in respect of any claim, or may cancel the contract. If your non-disclosure is fraudulent, the insurers may also have the option of avoiding the contract from its beginning.

Cancellation

You may cancel the policy at any time by notifying us in writing

Subject to the provisions of the Insurance Contracts Act 1984, the underwriters may cancel the policy by giving you notice in writing of the date on which cancellation is to take effect. Such notice is to be delivered personally, emailed or posted by certified mail or to your address last notified to us. Proof of mailing is sufficient proof of notice.

Privacy

Quantum Underwriting Agencies respects your privacy and complies with the Privacy Act and the National Privacy Principles.

Any personal information you provide may be held by us, our representatives or your insurer(s). It may be used by relevant staff in making a decision concerning your insurance application. It may also be used for the purposes of arranging and servicing any cover that may be issued and administering any claims. Information may be passed to overseas insurers, loss adjusters and surveyors for these purposes. In signing this proposal form or otherwise seeking insurance through us, you are agreeing to these terms. Under privacy legislation, you can request access to your personal information by contacting us at any of our offices during normal business hours.