

TOTTEN GROUP

I N S U R A N C E

Watts: 1-888-868-8367 (TOTTENS) Fax: 1-888-232-2205

New Submissions: property@tottengroup.com Website: www.tottengroup.com

CASH ADVANCE PROTECT APPLICATION + SUPPLEMENT & WARRANTY

Underwriters will rely upon each and every response given in this Proposal Form and any Supplementary Proposal Form in deciding whether or not to insure this risk and if so at what premium, terms and conditions. Underwriters regard every response to be material to their decisions. Failing to answer or answering any question below incorrectly could invalidate any policy of insurance written by Underwriters for this risk.

We have a professional duty of confidentiality and are committed to holding personal information in strict confidence. The information provided to us will only be disclosed where required by law to do so or required to do so in conducting negotiations with third parties, such as insurance companies, on your behalf.

We will further safeguard the security of such information in a manner appropriate to sensitivity of that information.

1. Operating Name _____
2. Legal Name _____
3. Name of Owner(s) _____
4. Mailing Address _____
5. Phone # _____ Fax # _____
6. Contact Name _____ Email Address _____
7. Current insurance company on risk _____
 Policy # _____ Expiry Date _____
8. Annual gross revenue derived from -

Cheque Cashing Services	\$ _____	Currency Exchange Services	\$ _____
Money Transfer Services	\$ _____	Pay Day Loan Services	\$ _____
Sale of stamps, tokens, tickets	\$ _____	Sale of phone cards	\$ _____
Sale of tobacco related items	\$ _____	Mailbox rentals	\$ _____
Internet Services	\$ _____	Other _____	\$ _____
9. Have you had any claims within the past 6 years whether covered or not under any insurance program? Yes No
 If yes, explain: _____

10. Are you aware of any information or circumstance that may give rise to a claim that has not yet been reported to your current insurance company? Yes No
 If yes, explain: _____

11. Risk Address (complete one application per location) _____

12. # of Years in Business _____ # of Years Experience _____
13. Number of Employees Managers _____ Full-Time _____ Part-Time _____



PROPERTY/CRIME INFORMATION

1. Risk Location # _____ # of years at this location _____
 2. Address (if different from page 1 of app) _____

3. **Occupancy** By Insured as _____
 By Others as _____

Is any portion of this building - Vacant or Unoccupied? Yes No
 - Under Renovation? Yes No

If yes, please complete "Vacant/Unoccupied/Under Renovation" section of this application.

4. Construction

of Stories _____ Year Built _____ Square Footage _____
Walls - HCB Frame Metal Clad Other - _____
Roof - Concrete Steel Deck Wood Joist Patent
 Updates - Full Partial Year _____

5. Utilities

Heat Forced Air Boiler Electric Other- _____
 Fuel Gas Oil Other- _____ If Oil, age of tank _____ Inside Outside/Above Ground
 Woodstove Wood Furnace Fireplace Insert
 If wood, confirm ULC Approved? Yes No Installed to Code? Yes No
 Updates - Full Partial Year _____
Electrical C/B Fuses _____ Amps
 Updates - Full Partial Year _____ Is there knob and tube wiring? Yes No
Plumbing Copper Plastic Other _____
 Updates - Full Partial Year _____

6. Protection

Fire - Hydrant within _____ Feet Metres Fire hall Fulltime Volunteer _____ kms
Sprinkler System - Yes No Wet Dry % of Building Sprinklered _____
Alarm - Yes No Central Monitored Local
Fire Extinguishers - # _____ Type ABC K (restaurants) _____ Size _____ lbs
Burglar Alarm - Central Monitored Local ULC Approved Yes No
 Full Perimeter Partial Perimeter Contacts All Windows All Doors
 Motion Detector Heat Detector Other _____

7. Safe

Yes No Class _____
 How often are bank deposits made? _____ By whom? _____
 Are all doors fitted with deadbolts? Yes No

- 8. **Housekeeping** Excellent Good Fair Poor
- 9. **Physical Condition** Excellent Good Fair Poor
- 10. **Financial Position** Excellent Good Fair Poor
- 11. **Neighbourhood** Excellent Good Fair Poor



CASH ADVANCE PROGRAM SUPPLEMENT

CRITERIA:

1. All Exterior Doors Have “deadbolt” locks? Yes No
2. The doors between the “secured area” tellers' room and client service area have “deadbolt” locks which can only be opened by authorized personnel? Yes No
3. The division wall between the “secured area” and client service area floor to ceiling, either the actual building ceiling or a drop ceiling with the service area counter being constructed of bullet proof glass surrounded by steel framing? Yes No
4. There's a UL or ULC listed Class 2, “TR-15”, “TL-15” or better safe located on the premises, and is the safe located within the “secured area”. Yes No
5. There's a “ULC” certified alarm system, covering the perimeter, and all doors, windows & skylights, and motion detectors covering the “secured area” and client service area and is it connected and in working order. Yes No
6. There's an inspection of the exterior of the premises for signs of forced entry? Yes No
7. Each teller has a separate cash drawer and separate working fund? Yes No
8. Each teller's drawer is reconciled at the end of each shift? Yes No
9. Employees are given specific instruction as to their duties in the event of hold-ups and as to the measures to be taken to prevent, control or minimize loss from such incidents? Yes No
10. Is there an audit and control procedures manual? Yes No
11. The person responsible for auditing has the authority to check any person and record at any time? Yes No
12. A plan exists for the periodic “surprise” testing of internal control systems under the supervision of the person responsible for auditing, and are all discrepancies reported directly to the owner as soon as practical? Yes No
13. There's a rule against cashing cheques bearing rubber stamp signatures? Yes No
14. Cheques in excess of a specified amount require approval of a supervisor before being cashed? Yes No
15. A hired guard/armoured motor vehicle service is not used in the transferring of money & securities are trips scheduled at irregular intervals and over varying routes? Yes No

With respect to all items presented above:

- “Secured Area” means an area within the insured location where money & securities are retained.
- “Money” means currency, coins, banknotes & bullion.
- “Securities” means negotiable and non-negotiable instruments or contracts representing either money or other property and includes revenue and other stamps in current use, tokens and tickets but, does not include “money”.

ONE “NO” WARRANTS CONVERSATION AND THE UNDERWRITER HAVING A COMFORT LEVEL WITH THE RESPONSE.

TWO “NO’S” MAY WARRANT A DECLINE.



CASH ADVANCE PROGRAM SUPPLEMENT – COVERAGES & LIMITS

Policy Period - 12 Months

Schedule of Coverage:

Description	Included Limit	Required Limit
PROPERTY:		
Building (by-laws included)	NIL	\$ _____
Contents	NIL	\$ _____
Office Contents	NIL	\$ _____
Limited Business Income	\$ 100,000	\$ _____
Crime: Employee Dishonesty - including		<input type="checkbox"/> \$50,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$100,000
• Inside Loss		
• Safe Burglary		
• Outside Loss		
• Money Order & Counterfeit Paper Currency		
• Third Party Computer & Funds Transfer Fraud		
• Credit Card Forgery		
• Depositors Forgery		

COMMERCIAL GENERAL LIABILITY:

Limit per occurrence	<input type="checkbox"/> \$ 1,000,000	<input type="checkbox"/> \$ 2,000,000
Policy aggregate	\$ 1,000,000	\$ 2,000,000
Personal Injury	\$ 1,000,000	\$ 2,000,000
Advertising Injury	\$ 250,000	\$ 250,000
Non-Owned Automobile	\$ 1,000,000	\$ 2,000,000

BOILER & MACHINERY \$40,000 or \$ _____
 (limit to be equal to total of all property)

Applicants Signature

IMPORTANT: Read the following statement and understand its meaning before signing

THIS APPLICATION ALONG WITH ANY ATTACHMENTS FORM PART OF THE POLICY. ANY FALSE OR MISLEADING INFORMATION PROVIDED BY THE APPLICANT WILL BE CAUSE FOR CANCELLATION BY THE INSURER IN ACCORDANCE WITH THE POLICY CANCELLATION TERMS.

Name of Authorized Representative of the Applicant (print)

Signature of Authorized Representative of the Applicant

Today's Date

A WARRANTY ENDORSEMENT ALSO FORMS PARTS OF THIS APPLICATION AND MUST BE SIGNED AND DATED BY THE APPLICANT.



BROKER DECLARATION

Each and every question must be answered by the Broker and/or Account Executive.

Is this account NEW to your office? Yes No Is the operation financially sound? Yes No
If no, how long have you known the applicant? _____ Did you receive the order direct from the Applicant? Yes No
Do you handle other insurance for the Applicant? Yes No Do you recommend this applicant in every respect? Yes No

Note: I/We hereby declare that the statements and particulars contained in this application are true and that I/we have not suppressed or mis-stated any material facts and I/we agree that should a policy be issued then this application shall be the basis of the contract with Underwriters.

This application must be signed by the Producer/Account Executive.

DATE

SIGNATURE OF PRODUCER/ACCOUNT EXECUTIVE

PRINT NAME OF BROKERAGE

PRINT NAME OF BROKER/PRODUCER

PRINT ADDRESS OF BROKERAGE