

# Financial Transit

## KBS Insurance Application

### 1. Named Insured:

Scope of Coverage Desired (check one):  Specific Customer(s)  Blanket (all customers)  
 Coverages Desired (check all that apply)  Reconstruction Costs  Face Amount  Loss of Interest  
 Limit(s) Desired: \$ \_\_\_\_\_ \$ \_\_\_\_\_ Required by contract? **YES**  **NO**

Deductibles Desired: \$ \_\_\_\_\_ (standard = \$5,000 except for loss to unsecured and unattached vehicles)

Name & Address (city/state) of Financial Institution customer(s). Contract No. or territory

1.	_____	_____
2.	_____	_____
3.	_____	_____

If **logistics company**, who are its customers for this work? \_\_\_\_\_

For **Intermingled routes**, list all the customers involved above and complete this form for all combined. Indicate differences in the "Description of Work" and "Security Profile" sections below.

### 2. Description of Work: (ignore incoming mail & checks returning to Financial Inst. after clearing the Fed.)

Items Transported:  % Canceled Checks  % Cash/Negotiables  % Interoffice Mail  
 (if none, put "0")  % Other – describe: \_\_\_\_\_

Work Environment (give% for each): Downtown (dense) Urban:  % Rural  %  
 Suburban and other Urban:  %

Total Pickup Locations:  Describe:  Branches  ATMs  FI's Customers Other:

Total Dropoff Locations:  Describe:  Branches  Fed.  Process Ctrs. Other:

Number of Pickups per Day at each Location (avg.):  Number of bags per pickup (avg.)

Number of routes / day:  Avg. route mileage:  Max. route mileage:

Number pickups per route (avg.):  Max. number pickups per route:  # Daily Fed Runs:

Types of vehicles used: \_\_\_\_\_

Multiple routes consolidated for final transit? **YES**  **NO**  If so, are these Nonstop Runs **YES**  **NO**

Number of "Consolidated Runs" per day:  Max. Number Branches per "Consolidated Run:"

Describe rendezvous locations (e.g. inside, street, private lot...): \_\_\_\_\_

### 3. Overnight Storage: do you store financial documents overnight? **YES** **NO**

Describe when, how often, and why this is done: \_\_\_\_\_

List locations, incl. building construction and security: \_\_\_\_\_

**\* Please attach copy of contracts, bid specs, & delivery receipts/manifests used.**

**4. Security Profile** (Check your answers):

- a. Unmarked Vehicles?  YES  NO      k. Signature/Count at Pickup  YES  NO  SOME
- b. Cell Phones/Radios?  YES  NO      l. Signature/Count at Delivery?  YES  NO  SOME
- c. Vehicle Alarms?  YES  NO      m. Bags Cabled to Vehicles?  YES  NO  SOME
- d. Locked Bags?  YES  NO      n. Lock Boxes in Vehicles?  YES  NO  SOME
- e. Transparent Bags?  YES  NO      o. Bags Labeled: 'No Cash'?  YES  NO  SOME
- f. Bags visible from outside the vehicles?  YES  NO  SOME      If yes, explain? \_\_\_\_\_
- g. Checks copied prior to branch pickups?  YES  NO  SOME      Prior to Fed runs?  YES  NO
- h. Describe driver 'spot check' system used: \_\_\_\_\_
- i. Any other Security Measures/Tech. Safeguards? \_\_\_\_\_
- j. Do you use Armed Guards / Drivers?  YES  NO      If yes, Annual Guard Payroll:\$ \_\_\_\_\_

**5. Loss Experience:** *current year-to-date and previous three years*

<u>Year</u>	<u># Losses</u>	<u># Settled</u>	<u>Total Face Value Involved</u>	<u>Total Paid Out to Date</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

**Large Losses – \$25,000 or More Paid Out:** *current year-to-date and previous three years*

<u>Date</u>	<u>Type of Loss*</u>	<u>Cause of Loss**</u>	<u>Face Value Involved</u>	<u>Amount Paid to Date</u>
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

\* Types of Loss: A = Face Amount B = Reconstruction Costs C = Loss of Interest

\*\* Causes of Loss: A = Theft B = Auto Accident C = Act of God D = Courier Dishonesty

**6. Revenues** (annualized) earned from Financial Institution work described above:

This year (expected):\$ \_\_\_\_\_ Last year:\$ \_\_\_\_\_ Prior year:\$ \_\_\_\_\_

**7. Contractual Issues:**

- Bank(s) required by contract to diligently reconstruct checks?  YES  NO  Limited
- If Deposits: customers required to keep records of checks?  YES  NO  SOME
- Is your liability limited to the amounts of insurance being requested?  YES  NO  SOME

Describe any special limitations to your liability for losses: \_\_\_\_\_

**8. Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* Please attach copy of contracts, bid specs & delivery receipts/manifests used.