

## Supplemental Questionnaire – ATM Questionnaire

(This must be completed in addition to the General Supplemental any time there are any on-site ATM's.)

**Named Insured:** \_\_\_\_\_

### Device location information

Indicate which buildings by location, building number and address that has an ATM located in it:

Location No	Building number	Address

(Continue above on separate paper if needed.)

If ATMs are located outside of a building, please indicate the specific location(s):

Location No	Building number	Address

(Continue above on separate paper if needed.)

### Safety controls

If ATM is not located inside a building, please advise of the safety controls to protect from removal/theft:

Does the ATM have continuous recording instruments in the device?  Yes  No

Is there a central station burglar alarm operational during non-working hours?  Yes  No

Are they liable for loss of money contained in the ATM?  Yes  No

What is the average amount of money in the machine?  Yes  No

Does an armored transport company transport all cash?  Yes  No

Who coordinates the stocking of the machine? \_\_\_\_\_

Who performs the stocking? \_\_\_\_\_

What are the controls to reconcile the amount of cash that is placed into the ATM against the amount of cash dispensed (i.e.: catch shortfalls) quickly? \_\_\_\_\_

How frequently is the cash replenished? \_\_\_\_\_

Is this done after business hours?  Yes  No

What is the procedure if the machine needs to be replenished between scheduled restocking times?

**Prepared by:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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