



UNDERWRITING REQUIREMENTS:

Agent's Guideline: ALL Submissions MUST include:

Included? Missing?

1. ACORD AUTO APPLICATION:

- a) **BOTH the Acord 125 & Acord 127** are needed!
- b) The Acord apps must be **TYPED & absolutely complete!**
 (Sorry, but Home Office won't accept handwritten apps: Info needs to be LEGIBLE!)
 - (1) Did you include the **Federal ID number**?
 - (2) Is the **Prior Carrier information** complete?
 Note: Experience Rating requires past premiums and loss information!
- c) Apps must be **SIGNED BY THE INSURED**, if coverage is bound!

2. Armored Car SUPPLEMENTAL APP (Pages 1 AND 2): Mandatory!

- a) **EACH** question must be answered; supplementals must be **absolutely complete!**
- b) Both supplementals must be **SIGNED BY THE INSURED**, if coverage is bound!

3. MOTOR VEHICLE REPORTS - For ALL Drivers

- a) Running MVRs on all employees should be part of the company's standard hiring/screening!
- b) Updated MVRs should be obtained periodically, for all drivers

4. LOSS RUNS: 4 Years / Currently Valued

- a) **Include a DESCRIPTION of losses over \$25,000!**

Note: This page is for your info only; there's no need to send it to us with your submission



Supplemental Application - Page 1

Account Name: _____

FEIN # _____

US DOT # _____

Check ONE box for each question:

Yes	No
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1 Armored Vehicles:

- a. Are all of the vehicles that are used to carry currency or other valuables armored?

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- b. Do you have at least one "back-up" truck?

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- c. Do you rent or lease vehicles on a short-term basis?

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2 Garaging of Vehicles:

- a. Are your vehicles kept in a secure, locked garage when not in use?
If no: Are the vehicles kept in a secure, fenced lot?

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3 Guards per Vehicle: Are there a minimum of two employees (driver + guard) per Vehicle?

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4 Armed Guards: Are ALL of your Armored Car guards Armed?

- If yes: a. Are ALL of the armed guards LICENSED to carry a weapon?

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- b. Do they have prior Law Enforcement experience or Military training?

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5 Operations:

- a. **Radius of Operations:** What % of time do your vehicles travel:
 - Within 50 miles: _____%
 - Between 50 - 200 miles: _____%
 - Over 200 miles: _____%
 If over 200 miles: Do you transport currency over 200 miles, for the Federal Reserve Bank?

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- b. **Premises:** Are your premises manned 24 hours per day?
If no: Normal business hours are from _____ AM until _____ PM

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- c. **Key Control:** Do you practice key control, on all keys to your vehicles?

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- d. **Uniforms:** (1) Are uniforms ALWAYS required to be worn?

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(2) Are uniforms, ID cards, etc. immediately collected from all former employees?

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6 Vehicle Maintenance:

- (1) Do you have in-house vehicle maintenance (your own employed mechanic)?

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- (2) Are pre/post trip vehicle inspections done?

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- (3) Are vehicles equipped with GPS or similar systems?

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- (4) Are vehicles equipped with speed governors?

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If yes: What is the maximum speed? _____ mph

7 Driver Hiring & MVRs:

- a. **MVRs:** (1) Are they checked PRIOR to hire?

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(2) Annually thereafter?

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(3) CDL required, when applicable?

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- b. **MVR Criteria:** (1) Is your MVR criteria in writing?

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(2) Are exceptions to your MVR criteria ever made?

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(3) Describe (or attach a copy of) your standards for an acceptable MVR:

- c. **Experience:** Is a minimum number of years of driving experience required, on like equipment?

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- d. **Are the following done at time of hire:** (1) Physical Exam?

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(2) Drug / Alcohol Testing?

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(3) Reference Check?

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(4) Road Test?

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Supplemental Application - Page 2

8 Training & Procedures:

- a. Do you have a formal **training program**?

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- b. Do you have a written **Operations / Procedures manual**?

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If yes: How long have these procedures been in place? _____
- c. Are all new hires given an **Orientation** in the vehicle, with an experienced driver?

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If yes: For what period of time? _____
- d. **Accident Review Program:** Is there a formal program in place?

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If yes, please Describe (or attach a copy):

- e. **Progressive Discipline Policy:** For drivers involved in serious (or multiple) accidents/violations
If yes, please Describe (or attach a copy):

- f. Do you provide **Safety Incentive Awards**?

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If yes, please Describe (or attach a copy):

- g. **Cell Phones:** Do you have any restrictions on the use of cell phones while operating vehicles?

If yes: (1) Hands-free only
(2) Must pull off side of road if not hands-free
(3) Other: Please describe: _____

9 Non-business use (personal use) of company autos:

- a. Do you have a company policy, regarding personal use of company autos?

If yes: (1) Is this policy in writing? (If yes: please attach a copy)
(2) Is this policy communicated to employees at time of hire?
- b. Do you allow non-business / personal use of company-insured vehicles?

If yes: (1) Is personal use restricted to certain employee types (ie, management only)?
(2) Do you allow spouses of authorized users to use the company vehicle?
(3) Do you allow children of authorized users to use the company vehicle?
(4) Attach a list, with the Name - Date of Birth - License Number
of any spouse or children who are permitted to drive company vehicles

10 Non-Owned Auto Liability Exposures:

- a. Do your employees use their own vehicles in the course of their employment, twice a week or more?

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If yes: (1) How many employees do this on a regular basis? _____
(2) Do you check their MVRs and use the MVR criteria listed above?

(3) Do you require Certificates of Insurance, to confirm Personal Auto coverage?
(4) Do you require that they carry a minimum limit of liability?

(a) If yes, what minimum limit is required? _____

Signed: _____
04/01/08

Dated: _____