



Specialty Solutions Insurance Automated Mechanical Device – Supplemental Application

THIS SUPPLEMENTAL APPLICATION IS PART OF THE CRIME COVERAGE APPLICATION, INCLUDING RENEWAL APPLICATIONS, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENTAL APPLICATION.

For the purposes of this Application, references to “Automated Mechanical Device” means an unattended mechanical unit which disburses, receives or gives credit for “Money,” “Securities,” or “Other property,” or which makes loans, and includes but is not limited to an automated teller machine, a video lottery terminal, a gaming machine, a card-operated amusement device, or a vending machine.

The information disclosed below must be applicable for all entities seeking coverage, including all subsidiaries.

Applicant/General Information

1. Name of the Proposed Organization applying for this insurance (if the Organization has subsidiaries, give the name of the Parent Organization only): _____

2. Proposed Organization’s mailing address: _____

3. Identify which of the following apply to the Proposed Organization (select all that apply):

Automated Teller / Banking Machine(s)	<input type="checkbox"/> if yes, are they	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Managed <input type="checkbox"/>	No. of Units:
Video Lottery / Gaming Terminal(s)	<input type="checkbox"/> if yes, are they	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Managed <input type="checkbox"/>	No. of Units:
Amusement Device(s) (non-gaming)	<input type="checkbox"/> if yes, are they	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Managed <input type="checkbox"/>	No. of Units:
Vending Machine(s)	<input type="checkbox"/> if yes, are they	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Managed <input type="checkbox"/>	No. of Units:
Other	<input type="checkbox"/> if yes, are they	Owned <input type="checkbox"/>	Leased <input type="checkbox"/>	Managed <input type="checkbox"/>	No. of Units:

If “other,” please specify: _____

4. Are the Automated Mechanical Devices installed i) within your premises ☐, or ii) elsewhere ☐

If “elsewhere,” please describe the premises and the protection in place to safeguard the machines: _____

5. Are all Automated Mechanical Devices bolted to the floor or masonry walls? Yes ☐ No ☐
6. Are all Automated Mechanical Devices installed in the rear of the premises or away from windows and doors? Yes ☐ No ☐
7. Are all Automated Mechanical Devices monitored by video surveillance? Yes ☐ No ☐
8. Are all Automated Mechanical Devices equipped with motion detectors/sensors or alarms which detect unauthorized movement or entry/access? Yes ☐ No ☐
9. What is the maximum value of the “Money,” “Securities,” or “Other Property,” that can be held within the Automated Mechanical Devices? Yes ☐ No ☐
10. Does the Proposed Organization directly replenish the Automated Mechanical Devices? Yes ☐ No ☐
- (i) If “no,” who replenishes the Automated Mechanical Devices? _____
- (ii) If “no,” does the Proposed Organization verify that they carry crime insurance and are they required to indemnify them from all losses? Yes ☐ No ☐

Loss History

(Check if none ☐)

Provide details of all losses (insured, uninsured, or which may have fallen below any applicable deductibles) arising out of the ownership, renting, leasing or management of any Automated Mechanical Devices incurred by the Proposed Organization in the past five (5) years.

Declaration for the Application

The undersigned designated as an officer of the Organization:

- (a) Declares that they have been duly authorized by the Organization to complete this Application and that all statements and representations contained herein are true and complete;
- (b) reasonable efforts have been made to obtain sufficient information from each person proposed for this insurance in order to complete this Application properly and accurately;
- (c) the financial statements submitted with this Application reflect the current financial situation of the Organization and its subsidiaries (if this is not the case, please provide details on a separate sheet).
- (d) acknowledge that these statements, representations and information submitted are relied on by Intact Insurance and shall be deemed material to the acceptance of the risk assumed by the Insurer under the insurance applied for, should the insurance be issued.
- (e) Agreed that if between the date of this Application and the effective date of the Policy, the statement and information contained in this Application change in any way, they will immediately advise Intact Insurance in writing and, without prejudice to any other legal remedy available to it, Intact Insurance may modify or withdraw any outstanding quotation or any authorization or agreement to bind;
- (f) acknowledges this application and all documents attached hereto shall form part of the Policy and shall be the basis of the contract, should one be issued.

It is agreed that the statements, representations and attached supplemental information submitted contained with this Application are true and the basis of the Policy contract. Terms and conditions, including limits of coverage, offered by Intact Insurance, may differ from those applied for from the Applicant. It is further agreed that this Policy shall not be voided, rescinded or coverage excluded as a result of any untrue statement in the Application, except as to the Organization, its Subsidiaries and those Insured Persons making such statement or having knowledge of its untruth.

Signature

Position (Chief Executive Officer, Chairman or General Counsel)

Date

Organization