



CRIME / INSIDE THE PREMISES SUPPLEMENT

ROBBERY OR SAFE BURGLARY OF OTHER PROPERTY

- | | <u>YES</u> | <u>NO</u> | |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Are all monies and securities kept in a locked safe, vault or other receptacle? If yes, describe: _____
If no, where are they kept? _____ |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Does this premises require a different limit than the others? If yes, what limit is needed and why?

_____ |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant have peak operating periods when cash accumulates? (Examples: Churches or synagogues, high holidays, non-profits, fund-raising events, etc.) If yes, Amount: \$ _____ Period of event(s): _____ |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | Are burglar-resistive safes provided and used for excess cash? |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Are all cash registers in well-lit areas easily seen from the street and/or other parts of the premises? |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Are customers' credit/debit cards checked for validity? |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant accept personal checks? |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant have a safe deposit box at a financial institution?
Minimum value of contents: \$ _____
Maximum value of contents: \$ _____ |
| 9. | <input type="checkbox"/> | <input type="checkbox"/> | Does the applicant have a written procedure for opening and closing followed by all employees? If yes, describe: _____
_____ |

PREMISES CRIME PROTECTION: BURGLAR ALARMS

- | | | | |
|-----|--------------------------|--------------------------|---|
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Provide details on burglar and other premises security devices, including grade and installation information:

_____ |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Describe any burglary exposures other than those normal and usual to this class of business:

_____ |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Describe any special features of the burglar alarm, safe or vault systems not noted elsewhere:
_____ |

Signature of Applicant / Insured

Date