



14101 West Highway 290, Bldg 1400 C,  
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**CHECK CASHER'S APPLICATION**

General Information:

1. Applicant's name: \_\_\_\_\_

Address Location: \_\_\_\_\_ City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_  
 (if different) State \_\_\_\_\_ Zip \_\_\_\_\_

Individual  Partnership  Corporation  LLC  Other \_\_\_\_\_

2. Brief Description of Operations: \_\_\_\_\_

3. Business Hours: \_\_\_\_\_

4. Describe Other Businesses located at premises: \_\_\_\_\_

5. Total Years at current location: \_\_\_\_\_

6. Total Annual Gross Revenue: \_\_\_\_\_

7. Effective Date of Insurance: \_\_\_\_\_ TO: \_\_\_\_\_

8. Any Losses the past five years?  
 Yes  No

If yes, please provide details including date and amount paid:

Date:	Description	Amount Paid

9. Any insurance company ever cancel or refused to renew any insurance for your company?  
 Yes  No

**SCHEDULE OF COVERAGES**

**Stock and BPP**

	<u>Deductible</u>	<u>Limit</u>
1. Property on Premises "Stock"	\$ _____	\$ _____
2. Property Deposited in a Safe, Vault of a bank Safety Deposit Vault Company:	\$ _____	\$ _____
3. Property at the premises of Customers:	\$ _____	\$ _____
4. Armored Car:	\$ _____	\$ _____
5. Property while being personally conveyed:	\$ _____	\$ _____
6. Business Personal Property:	\$ _____	\$ _____
7. Business Computers & Media:	\$ _____	\$ _____
8. Electronic Media and Records	\$ _____	\$ _____
9. Valuable Papers and Records	\$ _____	\$ _____
10. Accounts Receivable	\$ _____	\$ _____
11. 7, 8, & 10 above while in transit	\$ _____	\$ _____
12. Forgery and Alterations (In Annual Aggregate)	\$ _____	\$ _____
13. Employee Fidelity (In Annual Aggregate)	\$ _____	\$ _____

**PROPERTY**

	<u>Limit</u>	<u>Deductible</u>
1. Building	\$ _____	\$ _____
2. Business Interruption (fill in Per Month Limit)	<input type="checkbox"/> 3 Months <input type="checkbox"/> 3 Months <input type="checkbox"/> 4 Months	
3. Glass	\$ _____	\$ _____
4. Sign	\$ _____	\$ _____

**OPTIONAL COVERAGES**

	<u>Limit</u>	<u>Deductible</u>
1. Forgery and Alterations for incoming Check/ Money Orders	\$ _____	\$ _____
2. Computer Fraud	\$ _____	\$ _____
3. Armored Vehicle Coverage	\$ _____	\$ _____
4. ATM Machines		
Cash within ATM Machine	\$ _____	\$ _____
Coverage for ATM Machine	\$ _____	\$ _____
5. Other _____	\$ _____	\$ _____

**LIABILITY**

	<u>Limit</u>
1. Business Liability	
General Aggregate	\$ _____
Products- Completed Operations Aggregate Limit	\$ _____
Each Occurrence Limit	\$ _____
Fire Damage Limit (any one fire)	\$ _____
Medical Expense Limit (any one person)	\$ _____
2. Hired/Non-owned Auto Liability	\$ _____

## PROTECTION

1. Is there a burglar alarm system installed at the premises?  
 Yes  No
2. Type of Alarm System?  
 Central Station  Police Station Connect  Mercantile  Local Device Only  
Name of Alarm Company: \_\_\_\_\_
3. Do you have hold-up buttons?  
 Yes  No
4. Do you have a safe or walk in Vault?  
 Safe  Walk in Vault
5. How many safes on premises? \_\_\_\_\_ Are the Safes UL Rated? \_\_\_\_\_  
What is rating? \_\_\_\_\_
6. What is method of protection on the safe(s)? \_\_\_\_\_
7. Are there video cameras?  Yes  No  
Are there Monitors?  Yes  No  
Recorders?  Yes  No
8. Are there:  
 Armed Guards  Armed Guards  Buzzer Entry  Un-armed Security Guards
9. Is there Bullet Proof Glass:  
 Yes  No

## UNDERWRITING INFORMATION

1. Total Number of Locations: \_\_\_\_\_ (if more than one complete a separate section for each location)
2. Construction of Location \_\_\_\_ (identify which location)  
 Frame  Masonry  Non Combustable  
 Non Combustable  Joisted Masonry  Fire Resistant
3. Does premises have a central station Fire Alarm:  
 Yes  No
4. Is the premises sprinklered?  
 Yes  No
5. Are the premises located in an enclosed mall?  Yes  No  
Do you own the building?  Yes  No
6. Year Building Built? \_\_\_\_\_ (if over 20 years provide year of updates below)  
Wiring \_\_\_\_\_ Heating \_\_\_\_\_ Roof \_\_\_\_\_ Plumbing \_\_\_\_\_
7. Number of Stories \_\_\_\_\_ Square Footage \_\_\_\_\_ Occupied Square Footage \_\_\_\_\_
7. What is the average amount of cash & securities on premises? \_\_\_\_\_
8. How many employees on premises at one time? \_\_\_\_\_
9. How often are Stock records updated? \_\_\_\_\_
10. What is the average value of monies or securities conveyed off premises? \_\_\_\_\_

11. Describe the personal conveyance procedures? \_\_\_\_\_
12. How many conveyances are done on the average each week? \_\_\_\_\_
13. What is the annual values shipped by Armored Car annually? \_\_\_\_\_
14. What are the total number of employees? \_\_\_\_\_
15. What methods are used for employee screening? \_\_\_\_\_  
 Drug Testing    Criminal Background Check    Credit Check    Credit Check    Other \_\_\_\_\_
16. How many employees have access to safe keys or combinations? \_\_\_\_\_
17. How many employees have access to the alarm codes? \_\_\_\_\_
18. Any Additional Interest?  
Mortgagee: \_\_\_\_\_  
  
Additional Insured: \_\_\_\_\_  
What is the interest of Additional Insured (relationship)? \_\_\_\_\_

Signature of Applicant:

This application does not bind the applicant to buy a policy. Should a policy be issued this application will attach to and become part of the policy. To the best of the applicant's knowledge, this application is true and accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date