

OWNER INFORMATION (Fill out contact information as completely as possible):

FIRST NAME	LAST NAME	COMPANY	<input type="checkbox"/> PARTNERSHIP
			<input type="checkbox"/> SOLE PROPRIETOR
ADDRESS 1		ADDRESS 2	
CITY	STATE	ZIP	
PHONE NUMBER	FAX NUMBER		
EMAIL	EFFECTIVE DATE _____ / 01 / _____ OR _____ / 15 / _____ MONTH YEAR MONTH YEAR		
NO. OF LOCATIONS	NO. OF ATM MACHINES		

COVERAGE OPTIONS (Check One):

ATM MACHINE and \$5,000 CASH
\$17 Monthly per Machine

- \$5,000 Theft of Money from machine
- \$2,000 Physical Damage (ATM)
- \$2,000 Covered property while in transit
- \$500 Loss of Revenue per occurrence
- \$100 Deductible

ATM MACHINE and \$10,000 CASH
\$28 Monthly per Machine

- \$10,000 Theft of Money from machine
- \$2,000 Physical Damage (ATM)
- \$2,000 Covered property while in transit
- \$500 Loss of Revenue per occurrence
- \$100 Deductible

ATM MACHINE Only
\$9 Monthly per Machine

- \$5,000 Physical Damage (ATM)
- \$5,000 Covered property while in transit
- \$500 Loss of Revenue per occurrence
- \$100 Deductible

Monthly Premium _____ x No. of Machines _____ = Total Premium: \$ _____

IMPORTANT: Complete a **SITE INFORMATION** form for EACH ATM you want to insure



Send Completed forms to: **BADER Company** | Attention: **ATM Department**
9777 North College Avenue | Indianapolis, IN 46280-1628 | Phone: 888-223-3726 | Fax: 888-329-2237
ATMinsurance@BADERco.com

FOR COMPANY USE: Owner: _____ Owner ID _____ Policy #: _____

Complete the following information, sign the authorization, fill in your payment preference and fax to: **317-706-6198** or mail to Bader Company.

CONTACT: _____

COMPANY: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

NO. OF LOCATIONS: _____

NO. OF ATM MACHINES: _____

- COVERAGE OPTION:
- ATM Machine and \$5,000 cash:** \$ 17 Monthly per machine
 - ATM Machine and \$10,000 cash:** \$ 28 Monthly per machine
 - ATM Machine only \$5K:** \$ 9 Monthly per machine

AUTHORIZATION:

I agree to participate in the ATM Insurance Program from Bader Company. The program is written through Pennsylvania Manufacturers' Association Insurance Company (PMAIC) of Blue Bell, Pennsylvania and coverage is subject to their underwriting requirements.

By signing below, I certify that each ATM machine is bolted to the floor with a minimum of 4 bolts and is not exposed on any one side to a full glass window. I further understand that should any covered machine not be in compliance with the above requirements coverage will be denied. I agree to participate in the Bader Company ATM Program and to pay the monthly premiums when due. I acknowledge that the insurance I have agreed to purchase will terminate if my premium due is more than 30 days delinquent. **If after cancellation for non-payment I reinstate my coverage by paying the premium due, my coverage will be re-issued under the same terms and conditions without completing a new application however under no circumstances shall coverage exist for the period of time from termination through reissuance.**

Signature: _____ Date: _____

PAYMENT (Select payment option):

I hereby authorize Bader Company to charge my credit card option or debit my checking account monthly for the premium amount calculated above.

CREDIT CARD

Type (select one): VISA MasterCard American Express Discover

Name as it appears on card: _____

Card No: _____ Expiration Date: _____ (Example M/M/Y/Y)

BANK ACCOUNT

Name on Account: _____ Name of Bank: _____

9-Digit Bank Routing No: _____ Account No. _____

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Mail or Email a photograph of EACH ATM

[Complete a SITE APPLICATION for EACH ATM you want to insure]

OWNER CONTACT _____ OWNER COMPANY _____

SITE CONTACT NAME		SITE BUSINESS NAME	
SITE ADDRESS 1		SITE ADDRESS 2	
CITY	STATE	ZIP	
CONTACT PHONE NUMBER		CONTACT FAX NUMBER	
CONTACT EMAIL			
SITE LOCATION SECURITY			
<input type="checkbox"/> Night Lights <input type="checkbox"/> Alarm System <input type="checkbox"/> Video Surveillance <input type="checkbox"/> On-Site Manager			
SITE ACCESS			
<input type="checkbox"/> 24 Hour Unlimited <input type="checkbox"/> Limited To Hours of: _____ AM to _____ PM			
LOCAL POLICE JURISDICTION		# OF BURGLARIES AT THIS LOCATION IN THE LAST 12 MONTHS	
ATM SERIAL #		ATM MAKE	ATM MODEL
# OF CASSETTES		AMOUNT OF CASH HELD IN CASSETTE(S)	
ATM SAFETY FEATURES			
<input type="checkbox"/> Secured Fastening Improvements <input type="checkbox"/> Security System Backup <input type="checkbox"/> Locator Devices <input type="checkbox"/> Dye Packets <small>*Pre-engineered anchor bolts *Wireless back-up device *Monitored wireless GPS *Must be advertised</small>			
DOES ANOTHER PARTY HAVE AN INTEREST IN THE CASH STORED IN THIS ATM MACHINE? (IF YES, PLEASE LIST THEIR INFORMATION)			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
ADDITIONAL PARTY NAME/ BUSINESS NAME			
ADDITIONAL PARTY ADDRESS 1		ADDITIONAL PARTY ADDRESS 2	
CITY	STATE	ZIP	

Please initial by each for this machine:

_____ I certify that the ATM machine is bolted to the floor with a minimum of 4 bolts.

_____ I certify that the ATM machine is NOT exposed on any one side to a FULL GLASS window.



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