

1	Name of Applicant:
2	Address of Applicant: Postal Code:
3	Receipts: (From all sources of income for the business) (a) What are the total daily receipts (maximum)? (b) What are the total weekend/holiday receipts (maximum)?
4	Deposits (a) How often are deposits made? (b) What is the maximum deposit weekdays? (c) What is the maximum deposit weekends/holidays? (d) Who makes the deposits? (e) When is the deposit made? (f) Where is the banking facility located? (g) Is any money taken home by a messenger? Yes _____ No _____ If "Yes", What is the limit required?
5	Cash Floats: (a) What is the daily cash float? (b) What is the weekend/holiday cash float? (c) Where is the cash float kept when the premises are closed?
6	Video Lottery Terminals: (a) Provide number of machines: (b) What is the maximum amount of cash each can hold? (c) How often are the machines emptied? (d) Is the cash left in the machines overnight or stored elsewhere?

7	<p>Automated Teller Machine (ATM)/Automated Banking Machine (ABM): (a) Where is the machine located on the premises?</p> <p>(b) What hours is the machine accessible to the public?</p> <p>(c) Is the machine bolted to the floor?</p> <p>(d) How much money is kept in the machine?</p> <p>(e) Is money left in the machine when it is not accessible to the public? If stored elsewhere, please provide full particulars: Is the machine equipped with security features such as electronic locks and/or an alarm system? If so, please provide full particulars:</p> <p>(f) Who is responsible for the pick-up, delivery, and refilling of the machine with cash?</p> <p>(g) Is a record of the date, time, and amount of cash loaded into the machine maintained? Yes No</p>
8	<p>Premises:</p> <p>(a) Are the premises protected by a security system? Yes ____ No _____, If "Yes", please answer the following questions:</p> <p>(i) Is the system ULC approved? Yes ____ No _____</p> <p>(ii) Is the installation ULC approved? Yes _____ No _____ (iii)</p> <p>Describe the system.</p> <p>(iv) Is the system monitored? Yes _____ No _____ , If "Yes", please provide the following information: (1) Name the company.</p> <p>(2) Is monitoring done by means of a leased line or common telephone line with a cellular backup? _____</p> <p>(3) Will the monitoring company be notified if the line is cut? Yes _____ No _____</p> <p>(v) Is there any additional protection for doors or windows. If so, please provide full details. _____</p> <p>(b) Does anyone reside on the premises? Yes _____ No _____</p> <p>(c) What hours are the premises open for business?</p>

9	<p>Safe/Vault:</p> <p>(a) Type: (i) Fire Safe _____ (ii) Money Safe _____ (iii) Vault (iv) Bill Changer _____ (v) Other (Describe): (b)</p> <p>Description:</p> <p>(i) Locking device:</p>
	<p>(ii) Thickness of doors/walls: (iii)</p> <p>Dimensions:</p> <p>(iv) ULC classification code:</p> <p>(c) Location of safe/vault on premises.</p> <p>(d) Is the safe/vault protected by an alarm system or motion detectors, etc? Yes _____ No _____ , If "Yes", please provide full details.</p> <p>Is the system monitored? Yes _____ No _____ . If "Yes", please provide the following information:</p> <p>(i) Name of monitoring company.</p> <p>(ii) Is monitoring done by means of a leased line or common telephone line with cellular backup?</p> <p>(iii) Will a local alarm sound if the line is cut? Yes No</p> <p>(iv) Will the monitoring company be notified if the line is cut? Yes _____ No _____</p> <p>(e) Who has access to the safe/vault/bill changer? Please specify position of each person. _____ (f) Is the safe/vault/bill changer secured or attached to the premises? (i.e. bolted to the floor, encased in concrete etc.) Yes _____ No _____ , If "Yes", please provide full details.</p>
10	<p>Police Protection:</p> <p>Is there police protection stationed in the community? If so, please provide details:</p>

11	Provide details of any claims during the last three (3) years, whether insured or not.
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