



ELECTRONIC DATA PROCESSING SECTION

DATE (MM/DD/YY)

PRODUCER

APPLICANT (First Named Insured)

EFFECTIVE DATE

EXPIRATION DATE

BILLING PLAN

PAYMENT PLAN

AGENCY

DIRECT

FOR COMPANY USE ONLY

PREMISES INFORMATION

LOCATION NUMBER:

BUILDING NUMBER:

SUBJECT OF INSURANCE	LIMIT OF INSURANCE	VALUATION TYPE		COIN %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
		ACV	OTHER			
EQUIPMENT (HARDWARE) - OWNED	\$	RC			\$	
EQUIPMENT (HARDWARE) - LEASED (attach contract)	\$	RC			\$	
EQUIPMENT (HARDWARE) IN TRANSIT	\$	RC			\$	
MEDIA/DATA (SOFTWARE)	\$	REPRODUCTION			\$	
MEDIA/DATA (SOFTWARE) IN TRANSIT	\$	REPRODUCTION			\$	
EXTRA EXPENSE	\$	PERIOD OF RESTOR.			\$	
BUSINESS INTERRUPTION	\$	PER DAY LMT	# DAYS		DOLLAR \$	WAITING PERIOD HRS:
MECHANICAL BREAKDOWN	YES NO					
PROTECTION AND CONTROL SYSTEM	\$				\$	
OTHER	\$				\$	
FLOOD COVERAGE	YES NO	LOCATION OF EQUIPMENT	ABOVE GROUND BELOW GROUND GROUND LEVEL	EARTHQUAKE COVERAGE	YES NO	
	ZONE				ZONE	
	BUILDING CONSTRUCTION TYPE		PROT CLASS	# OF STORIES	YEAR BUILT	

SCHEDULE OF EQUIPMENT

LOC. #	BLDG #	ITEM #	MANUFACTURER	MODEL	SERIAL #	LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE %)
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TOTALS

REMARKS

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

YES NO

1. IN THE EVENT OF A MAJOR OR TOTAL LOSS COULD YOU RETURN TO OPERATION WITHIN ONE WEEK?
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)
3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR?
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?

7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?
8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?
9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?
10. DOES THE PREMISES HAVE A BURGLAR ALARM?
11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?
- UNINTERRUPTIBLE POWER SOURCE
- LINE CONDITIONER
- POWER SUPPRESSOR VOLTAGE REGULATOR
- DEDICATED LINE

COMPUTER ROOM INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

YES NO

1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM?
2. IS ACCESS TO THE ROOM RESTRICTED?
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?
4. IS THERE A SEPARATE AIRCONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:
- NONE HALON
- WET SPRINKLER CO₂
- DRY SPRINKLER SYSTEM OTHER

6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?
- FLOOR CONSTRUCTION TYPE
- COMBUSTIBLE NON-COMBUSTIBLE
- BELOW FLOOR PROTECTION
- SMOKE DETECTORS OTHER
- HALON SYSTEM/CO₂ SYSTEM NONE
7. ALARM TYPE TEMPER. HUMIDITY SMOKE FIRE
- LOCAL CENTRAL

MEDIA AND DATA (SOFTWARE) INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

YES NO

1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?
2. ARE DUPLICATES OF SOFTWARE MAINTAINED?

3. HOW OFTEN IS DATA BACKED UP?

DAILY MONTHLY YEARLY

WEEKLY QUARTERLY OTHER

SOFTWARE DUPLICATES & DATA BACKUP STORAGE**DUPLICATE SOFTWARE****DATA BACKUPS****ON PREMISES LOCATION INFORMATION**

ON PREMISES ON PREMISES SAFE COMPUTER ROOM

OFF PREMISES OFF PREMISES VAULT OTHER

NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION

ADDITIONAL INTEREST**INTEREST****NAME AND ADDRESS****INTEREST IN ITEM**

ADDITIONAL INSURED

LOCATION #:

LOSS PAYEE

BUILDING #:

MORTGAGEE

ITEM #:

LIENHOLDER

OTHER:

OTHER

CERTIFICATE REQUIRED

REFERENCE #:

INTEREST**NAME AND ADDRESS****INTEREST IN ITEM**

ADDITIONAL INSURED

LOCATION #:

LOSS PAYEE

BUILDING #:

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ITEM #:

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REMARKS