



ELECTRONIC DATA PROCESSING SECTION

DATE (MM/DD/YY)

PRODUCER 	APPLICANT (First Named Insured) 								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">EFFECTIVE DATE</td> <td style="width: 20%;">EXPIRATION DATE</td> <td style="width: 20%;">BILLING PLAN</td> <td style="width: 40%;">PAYMENT PLAN</td> </tr> <tr> <td></td> <td></td> <td style="font-size: small;"> <input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT </td> <td></td> </tr> </table>	EFFECTIVE DATE	EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN			<input type="checkbox"/> AGENCY <input type="checkbox"/> DIRECT	
EFFECTIVE DATE	EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN						
		<input type="checkbox"/> AGENCY <input type="checkbox"/> 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
EQUIPMENT (HARDWARE) - OWNED	\$	<input type="checkbox"/> ACV <input type="checkbox"/> OTHER <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) - LEASED <small>(attach contract)</small>	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) IN TRANSIT	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
MEDIA/DATA (SOFTWARE)	\$	<input type="checkbox"/> REPRODUCTION		\$	
MEDIA/DATA (SOFTWARE) IN TRANSIT	\$	<input type="checkbox"/> REPRODUCTION		\$	
EXTRA EXPENSE	\$	<input type="checkbox"/> PERIOD OF RESTOR.		\$	
BUSINESS INTERRUPTION	\$	PER DAY LMT # DAYS <input type="checkbox"/>		DOLLAR \$ WAITING PERIOD HRS:	
MECHANICAL BREAKDOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PROTECTION AND CONTROL SYSTEM	\$			\$	
OTHER	\$			\$	
FLOOD COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF EQUIPMENT <input type="checkbox"/>	ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> GROUND LEVEL <input type="checkbox"/>	EARTHQUAKE COVERAGE <input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
ZONE <input type="checkbox"/>		ZONE <input type="checkbox"/>			
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 %)
							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?					7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?			
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)					8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?			
3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?					9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?			
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?					10. DOES THE PREMISES HAVE A BURGLAR ALARM?			
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR?					11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?			
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?					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?					6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?					
2. IS ACCESS TO THE ROOM RESTRICTED?					FLOOR CONSTRUCTION TYPE					
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?					<input type="checkbox"/> COMBUSTIBLE <input type="checkbox"/> NON-COMBUSTIBLE					
4. IS THERE A SEPARATE AIRCONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?					BELOW FLOOR PROTECTION					
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:					<input type="checkbox"/> SMOKE DETECTORS <input type="checkbox"/> OTHER					
<input type="checkbox"/> NONE <input type="checkbox"/> HALON					HALON SYSTEM/CO ₂ SYSTEM <input type="checkbox"/> NONE					
<input type="checkbox"/> WET SPRINKLER					7. ALARM TYPE		TEMPER.	HUMIDITY	SMOKE	FIRE
<input type="checkbox"/> DRY SPRINKLER SYSTEM					LOCAL					
					CENTRAL					

MEDIA AND DATA (SOFTWARE) INFORMATION								
PLEASE EXPLAIN ALL "YES" RESPONSES			YES	NO			YES	NO
1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?					3. HOW OFTEN IS DATA BACKED UP?			
2. ARE DUPLICATES OF SOFTWARE MAINTAINED?					<input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY			
					<input type="checkbox"/> WEEKLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER			

SOFTWARE DUPLICATES & DATA BACKUP STORAGE					
DUPLICATE SOFTWARE		DATA BACKUPS		ON PREMISES LOCATION INFORMATION	
<input type="checkbox"/>	ON PREMISES	<input type="checkbox"/>	ON PREMISES	<input type="checkbox"/>	SAFE
<input type="checkbox"/>	OFF PREMISES	<input type="checkbox"/>	OFF PREMISES	<input type="checkbox"/>	COMPUTER ROOM
				<input type="checkbox"/>	VAULT
				<input type="checkbox"/>	OTHER
NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION					

ADDITIONAL INTEREST		
INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	
INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	

REMARKS