

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
EQUIPMENT (HARDWARE) - OWNED	\$	ACV <input type="checkbox"/> OTHER <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) - LEASED (attach contract)	\$	ACV RC		\$	
EQUIPMENT (HARDWARE) IN TRANSIT	\$	ACV RC		\$	
MEDIA/DATA (SOFTWARE)	\$	<input type="checkbox"/> REPRODUCTION		\$	
MEDIA/DATA (SOFTWARE) IN TRANSIT	\$	<input type="checkbox"/> REPRODUCTION		\$	
EXTRA EXPENSE	\$	PERIOD OF RESTOR.		\$	
BUSINESS INTERRUPTION	\$	PER DAY LMT # DAYS		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	ABOVE GROUND BELOW GROUND GROUND LEVEL	EARTHQUAKE COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ZONE		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 %)
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	<input type="checkbox"/> NONE	
<input type="checkbox"/> WET SPRINKLER			<input type="checkbox"/> CO ₂		
<input type="checkbox"/> DRY SPRINKLER SYSTEM			<input type="checkbox"/> OTHER		
			7. ALARM TYPE	TEMPER.	HUMIDITY
			LOCAL		SMOKE
			CENTRAL		FIRE

MEDIA AND DATA (SOFTWARE) INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	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"/> WEEKLY		
			<input type="checkbox"/> MONTHLY		
			<input type="checkbox"/> QUARTERLY		
			<input type="checkbox"/> YEARLY		
			<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"/> OFF PREMISES	<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> SAFE	<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

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