



AGENCY CUSTOMER ID: _____

ELECTRONIC DATA PROCESSING SECTION

DATE (MM/DD/YYYY)

AGENCY	CARRIER	NAIC CODE
POLICY NUMBER	EFFECTIVE DATE	APPLICANT / FIRST NAMED INSURED

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 (attach contract)	\$	<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	\$	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	EARTHQUAKE COVERAGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ZONE:						BELOW GROUND			
						GROUND LEVEL	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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

GENERAL INFORMATION

AGENCY CUSTOMER ID:

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? UNINTERRUPTIBLE POWER SOURCE LINE CONDITIONER POWER SUPPRESSOR VOLTAGE REGULATOR DEDICATED LINE		
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?					

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? FLOOR CONSTRUCTION TYPE <input type="checkbox"/> COMBUSTIBLE <input type="checkbox"/> NON-COMBUSTIBLE BELOW FLOOR PROTECTION <input type="checkbox"/> SMOKE DETECTORS <input type="checkbox"/> OTHER <input type="checkbox"/> HALON SYSTEM/CO ₂ SYSTEM <input type="checkbox"/> NONE				
2. IS ACCESS TO THE ROOM RESTRICTED?							
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?							
4. IS THERE A SEPARATE AIR CONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?							
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS: <input type="checkbox"/> NONE <input type="checkbox"/> HALON <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	SMOKE	FIRE
			LOCAL				
			CENTRAL				

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? <input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY <input type="checkbox"/> YEARLY <input type="checkbox"/> WEEKLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER		
2. ARE DUPLICATES OF SOFTWARE MAINTAINED?					
SOFTWARE DUPLICATES & DATA BACKUP STORAGE					
DUPLICATE SOFTWARE		DATA BACKUPS		ON PREMISES LOCATION INFORMATION	
<input type="checkbox"/> ON PREMISES	<input type="checkbox"/>	<input type="checkbox"/> ON PREMISES	<input type="checkbox"/>	<input type="checkbox"/> SAFE	<input type="checkbox"/> COMPUTER ROOM
<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/>	<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/>	<input type="checkbox"/> VAULT	<input type="checkbox"/> OTHER
NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION					

ADDITIONAL INTEREST

ACORD 45 Attached

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

REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Applicable in AL, AR, DC, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in FL and OK

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, NY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties* (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in PR

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print)	STATE PRODUCER LICENSE NO (Required in Florida)
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER