

|                      |                                 |                 |              |              |
|----------------------|---------------------------------|-----------------|--------------|--------------|
| 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"/><br>RC |  | \$                               |   |
| EQUIPMENT (HARDWARE) - LEASED<br>(attach contract) | \$  | ACV<br>RC   |  | \$                               |   |
| EQUIPMENT (HARDWARE) IN TRANSIT                    | \$  | ACV<br>RC   |  | \$                               |   |
| MEDIA/DATA (SOFTWARE)                              | \$  | REPRODUCTION  |  | \$                               |   |
| MEDIA/DATA (SOFTWARE) IN TRANSIT                   | \$  | REPRODUCTION  |  | \$                               |   |
| EXTRA EXPENSE                                      | \$  | PERIOD OF RESTOR.   |  | \$                               |   |
| BUSINESS INTERRUPTION                              | \$  | PER DAY LMT # DAYS  |  | DOLLAR \$<br>WAITING PERIOD HRS: |   |
| MECHANICAL BREAKDOWN                               | YES <input type="checkbox"/><br>NO <input type="checkbox"/> |   |  |                                  |   |
| PROTECTION AND CONTROL SYSTEM                      | \$  |   |  | \$                               |   |
| OTHER  | \$  |   |  | \$                               |   |
| FLOOD COVERAGE                                     | YES <input type="checkbox"/><br>NO <input type="checkbox"/> | LOCATION OF EQUIPMENT   | ABOVE GROUND<br>BELOW GROUND<br>GROUND LEVEL | EARTHQUAKE COVERAGE              | YES <input type="checkbox"/><br>NO <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 %) |
|---------------|--------|--------|--------------|-------|----------|-----------------|-------------------------|----------------------------------|
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
|               |        |        |              |       |          |                 |                         |                                  |
| <b>TOTALS</b> |        |        |              |       |          |                 |                         |                                  |

**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?  |     |    |
|  |  |     |    | 8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?  |     |    |
| 2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)       |  |     |    | 9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?   |     |    |
|  |  |     |    | 10. DOES THE PREMISES HAVE A BURGLAR ALARM?  |     |    |
| 3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?            |  |     |    | 11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS? |     |    |
| 4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?  |  |     |    | UNINTERRUPTIBLE POWER SOURCE   |     |    |
| 5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR? |  |     |    | LINE CONDITIONER   |     |    |
|  |  |     |    | POWER SUPPRESSOR VOLTAGE REGULATOR   |     |    |
| 6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?   |  |     |    | 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"/> HALON SYSTEM/CO <sub>2</sub> SYSTEM <input type="checkbox"/> NONE |          |       |
| <input type="checkbox"/> WET SPRINKLER <input type="checkbox"/> CO <sub>2</sub>                   |  |     |    | 7. ALARM TYPE  |          |       |
| <input type="checkbox"/> DRY SPRINKLER SYSTEM <input type="checkbox"/> OTHER                      |  |     |    | LOCAL  |          |       |
|   |  |     |    | CENTRAL  |          |       |
|   |  |     |    | TEMPER.  | HUMIDITY | SMOKE |
|   |  |     |    |  |          | 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"/> 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"/>         | VAULT         |
|                          |              |                          |              | <input type="checkbox"/>         | COMPUTER ROOM |
|                          |              |                          |              | <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 #:<br>BUILDING #:<br>ITEM #:<br>OTHER: |
| <input type="checkbox"/> LOSS PAYEE           |                  |   |
| <input type="checkbox"/> MORTGAGEE            |                  |   |
| <input type="checkbox"/> LIENHOLDER           |                  |   |
| <input type="checkbox"/> OTHER                |                  |   |
| <input type="checkbox"/> CERTIFICATE REQUIRED | REFERENCE #:     |   |
| INTEREST                                      | NAME AND ADDRESS | INTEREST IN ITEM                                |
| <input type="checkbox"/> ADDITIONAL INSURED   |                  | LOCATION #:<br>BUILDING #:<br>ITEM #:<br>OTHER: |
| <input type="checkbox"/> LOSS PAYEE           |                  |   |
| <input type="checkbox"/> MORTGAGEE            |                  |   |
| <input type="checkbox"/> LIENHOLDER           |                  |   |
| <input type="checkbox"/> OTHER                |                  |   |
| <input type="checkbox"/> CERTIFICATE REQUIRED | REFERENCE #:     |   |

**REMARKS**

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