

|                      |                                 |                 |              |              |
|----------------------|---------------------------------|-----------------|--------------|--------------|
| 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 (attach contract) | \$                 | ACV<br>RC   |                       | \$                               |  |                     |  |   |  |  |  |
| EQUIPMENT (HARDWARE) IN TRANSIT                 | \$                 | ACV<br>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 \$<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"/> |  |  |  |
| 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 <sub>2</sub>                |  |          |
| <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                                    |                                 | 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         |
| <b>SOFTWARE DUPLICATES &amp; DATA BACKUP STORAGE</b> |                          |                                       |                                 |   |  |
| <b>DUPLICATE SOFTWARE</b>                            |                          | <b>DATA BACKUPS</b>                   |                                 | <b>ON PREMISES LOCATION INFORMATION</b> |  |
| <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**

| 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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