

|                      |                                 |                 |              |              |
|----------------------|---------------------------------|-----------------|--------------|--------------|
| 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                    | \$                 | <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                  |                     | ZONE |                              |                             |  |
|   |                    |                                       |                                |                       |              | GROUND LEVEL                  |                     |      |                              |                             |  |
| 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?  |     |    |
| 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"/> HALON SYSTEM/CO <sub>2</sub> SYSTEM <input type="checkbox"/> NONE |         |          |
| <input type="checkbox"/> WET SPRINKLER  |     |    | 7. ALARM TYPE  |         |          |
| <input type="checkbox"/> DRY SPRINKLER SYSTEM <input type="checkbox"/> CO <sub>2</sub> <input type="checkbox"/> OTHER |     |    | LOCAL  | TEMPER. | HUMIDITY |
|   |     |    | CENTRAL  | SMOKE   | 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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