

Electronics & Telecommunications

Complete these questions for EACH LOCATION.
Please attach to Basic App or ACORD 125.

LOCATION INFORMATION		For Loc #	Bldg #
Address:			
# of Stories		Year Built	
Square feet		Fire Protctn Class	
Occupancy(ies)		Construction	
Where in this building is equipment located?			

COVERAGE SELECTIONS (To request a coverage, enter the appropriate information)			
	Limit at this Loc.	Limit in Transit or Any Other Loc	Breakdown Ded. Deductible - Other
- Equipment (hardware)			
- Media/Data (software)			
- Extra Expense	/mo	/mo	
	total	total	
- Off-Premises Utility Interruption	<input type="checkbox"/> Place an "x" in this box to select this coverage. Limits and deductible shown above apply.		
- Business Income	/day	/day	1 business day
	total	total	
- Customer Acct Recvble		trans	
- Hard Copy Info Extension (Valuable Papers)	Annual Aggregate		
- Flood			
- Broad Form Flood			
- Earthquake			

EQUIPMENT SCHEDULE AT THIS LOCATION						
Item #	Manufacturer	Year	Model	Type*	Serial Number	Value

Type of Equipment: MF = Mainframe TL = Telecommunications Equip. D = Personal Desktop
 MC = Mini-Computer L = Personal Laptop O = Other Electronic Equipment
 LAN or WAN = Local or Wide Area Network

EXPOSURE/PREVENTION SUMMARY		For Loc # <input style="width: 40px;" type="text"/>	Bldg # <input style="width: 40px;" type="text"/>
1. EXPOSURE	A. Is location subject to: mudslides, flooding or surface water _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	B. Is equipment located above ground floor _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. FIRE DETECTION AND SUPPRESSION SYSTEMS INCLUDE:			
A. Automatic sprinkler system that	1. Was designed for current occupancy _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. Covers entire building (excl. EDP area) _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. Covers entire building (incl. EDP area) _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	4. Is less than 30 years old _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Automatic fire extinguishing system (using an agent like Halon or CO ₂)			
	1. In EDP room _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. In Data Storage room/vault _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Smoke/combustion detectors are:			
	1. In EDP Room _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	2. In ventilation duct work _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	3. In data storage room/vault _____	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Portable extinguishers (with Halon, CO ₂ or similar) are within 50 ft. of equipment _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. SECURITY INCLUDES:			
A. Restricted access to EDP equipment/room and Data Storage area _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. 24 hour/ 7 day week in operation/attended _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. UL approved, central station burglar alarm _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Watchman making recorded rounds including EDP equipment area _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. MEDIA/DATA (SOFTWARE)			
A. Is stored in receptacles with <input style="width: 20px;" type="text"/> hour fire labels or <input style="width: 20px;" type="checkbox"/> Unlabeled			
B. Data is			
1. Backed up D = Daily, W = Weekly, M = Monthly _____	<input type="checkbox"/>		
2. Stored in a separate building _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Are anti-viral safeguards in effect _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. IF SEPARATE COMPUTER ROOM, answer the following:			
A. Is the separate room non-combustible _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Is smoking permitted in EDP room _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Is EDP equipment controlled by a master shutdown switch _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Is there an uninterrupted power source device _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Is there a power surge device _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Have electrical & plumbing systems been installed or updated in past 30 years _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. If computer has a raised floor:			
1. Floor is: C = Combustible NC = Non-combustible _____	<input type="checkbox"/>		
2. Describe below-floor protection, if any: <input style="width: 100px;" type="text"/>			
H. Separate ventilation system _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I. An automatic shutdown switch for ventilation systems _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
J. Automatic dampers activated by heat/smoke/combustion detectors _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
K. Heat/smoke venting to outside			
1. from EDP room _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. from storage room _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. IF TRANSIT COVERAGE IS REQUESTED...			
A. Equipment is shipped by: COM = Common carrier, OV = Owned vehicle _____	<input type="checkbox"/>		
B. Media/data is shipped by: COM = Common carrier, OV = Owned vehicle _____	<input type="checkbox"/>		
7. IF EXTRA EXPENSE OR BUSINESS INCOME COVERAGE IS REQUESTED...			
A. In the event of total or major loss, could you return to operation in one week _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Can your equipment manufacturer replace your equipment promptly _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Is your equipment under manufacturer's warranty _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Is there an equipment maintenance contract in place _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Have definite substitute facilities been arranged in the event of shutdown _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1. These facilities will provide <input style="width: 20px;" type="text"/> % of capacity needed to run programs for _____ days.			
F. Back up power source? _____	<input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>