



EDP COVERAGE APPLICATION

Name of Applicant: _____

Mailing Address: _____

Contact Name: _____ Telephone: _____

Location Address: _____

Years in Business: _____ Policy Term: _____ to _____

Insured is: _____ Individual _____ Partnership _____ Corporation _____ Joint Venture.

1. Location of Premises: Specify Street, City, County, State, & Zip Code.

Loc. # 1: _____

Loc. # 2: _____

Loc. # 3: _____

2. Limits of Insurance:

EDP Equipment	Loc. #1	Loc.#2	Loc.#3
Owned By You	\$ _____	\$ _____	\$ _____
Owned By Others	\$ _____	\$ _____	\$ _____
EDP Media	\$ _____	\$ _____	\$ _____

\$ _____ While in transit or in temporary locations.

\$ _____ Extra Expense

3. Type of equipment you want covered (EDP Equipment may include telephone systems): _____

4. Deductibles:

\$ _____ For loss to Covered Property

5. Valuation(Choose One):

☐ Replacement Cost ☐ Actual Cash Value

6. Protection Systems and Security:

BURGLARY PROTECTION

Loc. #	Hold-Up	Burglar	Local	Central Station	Police Connect	With Keys	U/L Cert. #	U/L Cert. Exp. Date
1.								
2.								
3.								

Sprinkler System Halon or CO₂ System?

Loc.#	In Building	In Computer Area	Alarms*	In Computer Area	Alarms*
1.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			

* Enter: local, central station, or none.

- A. Do you have access to un-interruptible power source (UPS) system to protect against power interruptions? ☐ Yes or ☐ No
- B. Are power surge/sag protectors used on all computer systems? ☐ Yes or ☐ No
- C. Is there an individual or group of individuals responsible for system backup, security, and control? ☐ Yes or ☐ No

7. Operations Information:

- A. Maximum value per item: \$_____ EDP Equipment: \$_____ EDP Media: _____
- B. Are public domain programs or data accessed or used? ☐ Yes or ☐ No
- C. Can your system be accessed by others outside your company? ☐ Yes or ☐ No
- D. Describe access controls (e.g. passwords) and other security measures: _____
- E. Are employees permitted to use their own software on your equipment? ☐ Yes or ☐ No
- F. Is any EDP equipment located in specially designed rooms? ☐ Yes or ☐ No
If yes, describe the room: _____
- G. Do you or your employees alter vendor-supplied media? ☐ Yes or ☐ No
- H. Is custom-made software used? ☐ Yes or ☐ No
- I. Do you or your employees create, design or modify software? ☐ Yes or ☐ No
- J. Is duplicate software readily available? ☐ Yes or ☐ No
- K. Are duplicate copies of your software and data records maintained? ☐ Yes or ☐ No
If yes, provide frequency or duplication and where kept: _____
- L. Is data transmitted or received via public telephone lines? ☐ Yes or ☐ No
- M. Do you have emergency action or contingency operation plans? ☐ Yes or ☐ No

8. Building Information

Location #	Age	Construction	Protection Class
1.			
2.			
3.			

9. Describe transportation exposures in REMARKS.

10. Loss History - List all losses during the past three (3) years.

Loc.#	Date of Loss	Describe Cause of Loss	Claim Amounts Paid	Claim Amount Reserved
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Has any company or agent canceled or refused to renew the type of coverage requested? ☐ Yes or ☐ No
If yes, please give us the reason: _____

11. Remarks: _____

This application does not constitute a binder and insurance shall only become effective as of the date advised by the company.

The Proposer agrees that the statements contained in this proposal are true and that, if insurance is affected, material misrepresentation or concealment of any information voids this insurance.

AGENT'S SIGNATURE

APPLICANT'S SIGNATURE

AGENCY

DATE SIGNED

CODE NO. _____