



# 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 <span style="float: right;">border-bottom: 1px solid black;"&gt;</span>
Square feet <span style="float: right;">sq ft</span>		Fire Protctn Class <span style="float: right;">border-bottom: 1px solid black;"&gt;</span>
Occupancy(ies)		Construction <span style="float: right;">border-bottom: 1px solid black;"&gt;</span>
Where in this building is equipment located? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		

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		
		trans		
- Customer Acct Recvble				
- 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

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