

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
	B. Is equipment located above ground floor _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
	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 ₂)	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 ₂ or similar) are within 50 ft. of equipment _____		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. SECURITY INCLUDES:		
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
4. MEDIA/DATA (SOFTWARE)		
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
5. IF SEPARATE COMPUTER ROOM, answer the following:		
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
6. IF TRANSIT COVERAGE IS REQUESTED...		
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
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
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