### Premises Information

<table>
<thead>
<tr>
<th>Subject of Insurance</th>
<th>Limit of Insurance</th>
<th>Valuation Type</th>
<th>Coin %</th>
<th>Deductible</th>
<th>Forms and Conditions to Apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment (Hardware) - Owned</td>
<td>$</td>
<td>ACV</td>
<td></td>
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<td></td>
<td></td>
<td>RC</td>
<td></td>
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<tr>
<td>Equipment (Hardware) - Leased (attach contract)</td>
<td>$</td>
<td>ACV</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>RC</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment (Hardware) in Transit</td>
<td>$</td>
<td>ACV</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>RC</td>
<td></td>
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<tr>
<td>Media / Data (Software)</td>
<td>$</td>
<td>Reproduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media / Data (Software) in Transit</td>
<td>$</td>
<td>Reproduction</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extra Expense</td>
<td>$</td>
<td>PER DAY LMT</td>
<td># DAYS</td>
<td></td>
<td>DOLLAR $ WAITING PERIOD HRS:</td>
</tr>
<tr>
<td>Business Interruption</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mechanical Breakdown</td>
<td>Y / N</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Protection and Control System</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
<td>$</td>
<td></td>
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<tr>
<td>Flood Coverage</td>
<td>Y / N</td>
<td></td>
<td></td>
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<tr>
<td>Location of Equipment</td>
<td></td>
<td></td>
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<tr>
<td>Zone:</td>
<td></td>
<td>Above Ground</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Below Ground</td>
<td></td>
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<td></td>
<td></td>
<td>Ground Level</td>
<td></td>
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<tr>
<td>Earthquake Coverage</td>
<td>Y / N</td>
<td></td>
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</tbody>
</table>

### Schedule of Equipment

<table>
<thead>
<tr>
<th>Item #</th>
<th>Manufacturer</th>
<th>Model</th>
<th>Serial #</th>
<th>Leased or Owned</th>
<th>Current Full 100% Value</th>
<th>Amount of Insur. (Coinsurance %)</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### General Information

Please explain all "Yes" responses

1. In the event of a major or total loss could you return to operation within one week?

2. Do you have an arrangement for the use of other equipment? (Attach copy of agreement)

3. Is your equipment manufacturer in a position to replace your equipment promptly?

4. Is your equipment under manufacturer's warranty?

5. Do you have a service maintenance contract with a manufacturer or other service contractor?
AGENCY CUSTOMER ID: ____________________________

GENERAL INFORMATION (continued)

PLEASE EXPLAIN ALL "YES" RESPONSES

6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?

7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?

8. IS THE MEDIA / DATA SHIPPED BY COMMON CARRIER?

9. IS THE MEDIA / DATA SHIPPED BY COMPANY VEHICLE?

10. DOES THE PREMISES HAVE A BURGLAR ALARM?

11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?

   UNINTERRUPTIBLE POWER SOURCE
   LINE CONDITIONER
   POWER SUPPRESSOR VOLTAGE REGULATOR
   DEDICATED LINE

COMPUTER ROOM INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM?

2. IS ACCESS TO THE ROOM RESTRICTED?

3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?

4. IS THERE A SEPARATE AIR CONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?

5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:

   ✔️ NONE
   ✔️ DRY SPRINKLER SYSTEM
   ✔️ CO₂
   ✔️ HALON SYSTEM
   ✔️ OTHER

6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?

   ✔️ NON-COMBUSTIBLE
   ✔️ COMBUSTIBLE

7. ALARM TYPE

   ✔️ TEMPER.
   ✔️ HUMIDITY
   ✔️ SMOKE
   ✔️ FIRE
   ✔️ CENTRAL

   LOCAL

MEDIA AND DATA (SOFTWARE) INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES

1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?

2. ARE DUPLICATE SOFTWARE MAINTAINED?

3. HOW OFTEN IS DATA BACKED UP?

   ✔️ DAILY
   ✔️ WEEKLY
   ✔️ MONTHLY
   ✔️ QUARTERLY
   ✔️年
   ✔️ YEARLY
   ✔️ OTHER

SOFTWARE DUPLICATES & DATA BACKUP STORAGE

DUPLICATE SOFTWARE

DATA BACKUPS

ON PREMISES

OFF PREMISES

ON PREMISES LOCATION INFORMATION

SAFE

VAULT

OTHER

NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION

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## REMARKS (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV:** Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.

**Applicable in CO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Applicable in FL and OK:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.

**Applicable in KS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.

**Applicable in ME, TN, VA and WA:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

**Applicable in NJ:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**Applicable in OR:** Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

**Applicable in PR:** Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

*The undersigned is an authorized representative of the applicant and represents that reasonable inquiry has been made to obtain the answers to questions on this application. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.*

**SIGNATURE**

**APPLICANT’S SIGNATURE**

**PRODUCER’S SIGNATURE**

**PRODUCER’S NAME (Please Print)**

**STATE PRODUCER LICENSE NO**

(Required in Florida)

**NATIONAL PRODUCER NUMBER**

**DATE**

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