



ELECTRONIC DATA PROCESSING SECTION

DATE (MM/DD/YYYY)
 10/18/2024

AGENCY Agency Name		CARRIER Agency Carrier Name		NAIC CODE Agency
POLICY NUMBER Agency Policy Number	EFFECTIVE DATE 10/18/20-	APPLICANT / FIRST NAMED INSURED Agency Applicant Named Insured		NAIC Code

PREMISES INFORMATION									
SUBJECT OF INSURANCE	LIMIT OF INSURANCE	VALUATION TYPE		COIN %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY			
EQUIPMENT (HARDWARE) - OWNED	\$ 12,345.67	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> OTHER	50	\$ 12,345.67	Premises Info Forms And Conditions Description			
EQUIPMENT (HARDWARE) - LEASED (attach contract)	\$ 12,345.67	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> RC	50	\$ 12,345.67	Premises Info Forms And Conditions Description			
EQUIPMENT (HARDWARE) IN TRANSIT	\$ 12,345.67	<input checked="" type="checkbox"/> ACV	<input type="checkbox"/> RC	50	\$ 12,345.67	Premises Info Forms And Conditions Description			
MEDIA / DATA (SOFTWARE)	\$ 12,345.67	<input checked="" type="checkbox"/> REPRODUCTION		50	\$ 12,345.67	Premises Info Forms And Conditions Description			
MEDIA / DATA (SOFTWARE) IN TRANSIT	\$ 12,345.67	<input checked="" type="checkbox"/> REPRODUCTION		50	\$ 12,345.67	Premises Info Forms And Conditions Description			
EXTRA EXPENSE	\$ 12,345.67	PERIOD OF RESTOR. Premises		50	\$ 12,345.67	Premises Info Forms And Conditions Description Extra			
BUSINESS INTERRUPTION	\$ 12,345.67	PER DAY LMT 12,345.67	# DAYS 30	50	DOLLAR \$ \$12,345.67 WAITING PERIOD HRS: 72	Premises Info Forms And Conditions Description Business Interruption			
MECHANICAL BREAKDOWN <input type="checkbox"/>	Y / N		MECHANICAL BREAKDOWN <input type="checkbox"/>						
PROTECTION AND CONTROL SYSTEM	\$ 12,345.67	RESTORATION <input type="checkbox"/>		50	\$ 12,345.67	Premises Info Forms And Conditions Description Protection and Control System			
OTHER Premises Info Subject of Insurance	\$ 12,345.67	INFO VALUATION <input type="checkbox"/>		50	\$ 12,345.67	Premises Info Forms And Conditions Description Protection and Control System			
FLOOD COVERAGE <input type="checkbox"/>	Y / N		LOCATION OF EQUIPMENT <input checked="" type="checkbox"/>	ABOVE GROUND <input type="checkbox"/>	EARTHQUAKE COVERAGE <input type="checkbox"/>	Y / N <input type="checkbox"/>			
ZONE: Premises		GROUND LEVEL <input type="checkbox"/>		ZONE: Premises in-					
BUILDING CONSTRUCTION TYPE Premises Info Building Construction Type		PROT CLASS Premises		# OF STORIES 12,345	YEAR BUILT 2024				

SCHEDULE OF EQUIPMENT						
ITEM #	MANUFACTURER	MODEL	SERIAL #	LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE %)
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%
Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	Schedule of Equipment	50%	50%

GENERAL INFORMATION	
PLEASE EXPLAIN ALL "YES" RESPONSES	Y / N
1. IN THE EVENT OF A MAJOR OR TOTAL LOSS COULD YOU RETURN TO OPERATION WITHIN ONE WEEK? General Info Total Loss Return Within One Week	<input type="checkbox"/>
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement) General Info Arrangement for Use of Other Equipment	<input type="checkbox"/>
3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY? General Info Equipment Manufacturer in Position to Replace	<input type="checkbox"/>
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY? General Info Equipment Under Manufacturer's Warranty	<input type="checkbox"/>
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR? General Info Service Maintenance Contract to Other Contractor	<input type="checkbox"/>

GENERAL INFORMATION (continued)

PLEASE EXPLAIN ALL "YES" RESPONSES	Y / N
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER? General Info Equipment Shipped by Common Carrier	
7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE? General Info Equipment Shipped by Company Vehicle	
8. IS THE MEDIA / DATA SHIPPED BY COMMON CARRIER? General Info Media/Data Shipped by Common Carrier	
9. IS THE MEDIA / DATA SHIPPED BY COMPANY VEHICLE? General Info Media/Data Shipped by Company Vehicle	
10. DOES THE PREMISES HAVE A BURGLAR ALARM? General Info Premises Have a Burglar Alarm	
11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS? <input checked="" type="checkbox"/> UNINTERRUPTIBLE POWER SOURCE <input type="checkbox"/> LINE CONDITIONER <input type="checkbox"/> POWER SUPPRESSOR VOLTAGE REGULATOR <input type="checkbox"/> DEDICATED LINE	

COMPUTER ROOM INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	Y / N
1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM? Computer Room Info Data Processing Equipment Located in Specifically Designated Room	
2. IS ACCESS TO THE ROOM RESTRICTED? Computer Room Info Access to Room Restricted	
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH? Computer Room Info Equipment Controlled by Master Shutdown Switch	
4. IS THERE A SEPARATE AIR CONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT? Computer Room Info Separate Air Conditioning System Designed	
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS: <input checked="" type="checkbox"/> NONE <input type="checkbox"/> DRY SPRINKLER SYSTEM <input type="checkbox"/> CO ₂ <input type="checkbox"/> WET SPRINKLER <input type="checkbox"/> HALON <input type="checkbox"/> OTHER	
6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR? FLOOR CONSTRUCTION TYPE <input checked="" type="checkbox"/> COMBUSTIBLE <input type="checkbox"/> NON-COMBUSTIBLE BELOW FLOOR PROTECTION <input checked="" type="checkbox"/> SMOKE DETECTORS <input type="checkbox"/> HALON SYSTEM / CO ₂ SYSTEM <input type="checkbox"/> OTHER <input type="checkbox"/> NONE	
7. ALARM TYPE LOCAL <input checked="" type="checkbox"/> TEMPER. <input type="checkbox"/> HUMIDITY <input type="checkbox"/> SMOKE <input type="checkbox"/> FIRE <input type="checkbox"/> CENTRAL <input checked="" type="checkbox"/> TEMPER. <input type="checkbox"/> HUMIDITY <input type="checkbox"/> SMOKE <input type="checkbox"/> FIRE	

MEDIA AND DATA (SOFTWARE) INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	Y / N
1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT? Media and Data Info Anti-Viral Safeguards in Effect	
2. ARE DUPLICATES OF SOFTWARE MAINTAINED? Media and Data Info Duplicates of Software Maintained	
3. HOW OFTEN IS DATA BACKED UP? <input checked="" type="checkbox"/> DAILY <input type="checkbox"/> WEEKLY <input type="checkbox"/> MONTHLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> YEARLY <input type="checkbox"/> OTHER	
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	
DUPLICATE SOFTWARE <input checked="" type="checkbox"/> ON PREMISES <input type="checkbox"/> OFF PREMISES	
DATA BACKUPS <input checked="" type="checkbox"/> ON PREMISES <input type="checkbox"/> OFF PREMISES	
ON PREMISES LOCATION INFORMATION <input checked="" type="checkbox"/> SAFE VAULT <input type="checkbox"/> COMPUTER ROOM <input type="checkbox"/> OTHER	
NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION Robin W. Smith 123 Main St #234 San Francisco CA 94106	

ADDITIONAL INTEREST ☒ ACORD 45 Attached

INTEREST TYPE: <input checked="" type="checkbox"/> ADDITIONAL	RANK: <input type="checkbox"/> OTHER	NAME AND ADDRESS: Robin W. Smith 123 Main St #234 San Francisco CA 94106	REFERENCE #: Additional Interest 1 Reference Number	<input checked="" type="checkbox"/>	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE						LOCATION: Additional	BUILDING: Additional
LIENHOLDER						SCHEDULED ITEM NUMBER: Additional	
LOSS PAYEE						OTHER: Additional	
MORTGAGEE						Item Number: 1	Build- ing: 1
ITEM DESCRIPTION: Additional Interest 1 Item Description						1	
INTEREST TYPE: <input checked="" type="checkbox"/> ADDITIONAL	RANK: <input type="checkbox"/> OTHER	NAME AND ADDRESS: Robin W. Smith 123 Main St #234 San Francisco CA 94106	REFERENCE #: Additional Interest 2 Reference Number	<input checked="" type="checkbox"/>	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
LENDER'S LOSS PAYABLE						LOCATION: Additional	BUILDING: Additional
LIENHOLDER						SCHEDULED ITEM NUMBER: Additional	
LOSS PAYEE						OTHER: Additional	
MORTGAGEE						Item Number: 2	Build- ing: 2
ITEM DESCRIPTION: Additional Interest 2 Item Description						2	

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

Other Description: Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor.	Location: n	Item Number: 1
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SIGNATURE

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, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal 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.

PRODUCER'S SIGNATURE	PRODUCER'S NAME (Please Print) Robin W. Smith	STATE PRODUCER LICENSE NO (Required in Florida) State Producer License Number
APPLICANT'S SIGNATURE	DATE	NATIONAL PRODUCER NUMBER National Producer Number