Electronic Data Processing Application

1. Name of Applicant: _____

2. Address: _____

3. Nature of Business: _____

4. Effective Date of Coverage: From: _____ To: _____

5. Make and Model of Computer: _____

6. Permanent Business Locations:

   Location #1: _____
   _____
   Construction: _____
   Values: Equipment: Owned $ _____ Leased $ _____ Media $ _____
   80% Contents Rates: Fire: _____ E.C.: _____ V.M.M.: _____ S.L.: _____
   Fire Protection Grade: _____

   Location #2: _____
   _____
   Construction: _____
   Values: Equipment: Owned $ _____ Leased $ _____ Media $ _____
   80% Contents Rates: Fire: _____ E.C.: _____ V.M.M.: _____ S.L.: _____
   Fire Protection Grade: _____

   Location #3: _____
   _____
   Construction: _____
   Values: Equipment: Owned $ _____ Leased $ _____ Media $ _____
   80% Contents Rates: Fire: _____ E.C.: _____ V.M.M.: _____ S.L.: _____
   Fire Protection Grade: _____

7. Temporary Storage Locations:

   Location #1: _____
   Fire Protection Grade: _____

   Location #1: _____
   Fire Protection Grade: _____

   Location #1: _____
   Fire Protection Grade: _____

8. Limits while in transit and at temporary locations:

   Equipment: $ _____ Media: $ _____

9. Media Valuation: Value Each   Limit

          $ _____ $ _____

   A. Specified Articles: _____

   _____
   _____
   _____

   B. All Others: _____

   _____

10. Media not to be insured: _____

11. Business Interruption:

    Limit: $ _____ Measure of Recovery: $ _____ per work day
    No. of operating days: _____ per week

12. Extra Expense:

    Limit: $ _____ Measure of Recovery: $ _____ per day
    Agreed period of restoration: _____ days

13. Deductibles (minimum $500 for each type of coverage):

    Equipment: $ _____ Business Interruption: $ _____
    Media: $ _____ Extra Expense: $ _____

Applicant's Signature: _____ Date: _____

Agent's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____