

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: \$ _____

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Signature: _____ Date: _____

Agent's Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____