



**Business Electronics and Telecommunications Application for Insurance**

EXPOSURE/PREVENTION SUMMARY		For Loc # <input style="width: 50px;" type="text"/>	Bldg # <input style="width: 50px;" type="text"/>
<b>1. EXPOSURE</b>	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
<b>2. FIRE DETECTION AND SUPPRESSION SYSTEMS INCLUDE:</b>			
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 <sub>2</sub> )	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 <sub>2</sub> or similar) are within 50 ft. of equipment	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. SECURITY INCLUDES:</b>			
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
<b>4. MEDIA/DATA (SOFTWARE)</b>			
A. Is stored in receptacles with _____ 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
<b>5. IF SEPARATE COMPUTER ROOM, answer the following:</b>			
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 uninterrupter 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 _____			
2. Describe below-floor protection, if any: _____			
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
<b>6. IF TRANSIT COVERAGE IS REQUESTED...</b>			
A. Equipment is shipped by: COM = Common carrier, OV = Owned vehicle	_____		
B. Media/data is shipped by: COM = Common carrier, OV = Owned vehicle	_____		
<b>7. IF EXTRA EXPENSE OR BUSINESS INCOME COVERAGE IS REQUESTED...</b>			
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: 50px;" type="text"/> % of capacity needed to run programs for _____ days.			
F. Back up power source?	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No