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 Associated Underwriters, Inc.
 11115 "0" Street
 P. O. Box 45820
 Omaha, NE 68145-0820

APPLICANT (First Named Insured)

EFFECTIVE DATE	EXPIRATION DATE	BILLING PLAN	PAYMENT PLAN
		AGENCY	
		DIRECT	

FOR COMPANY USE ONLY

PREMISES INFORMATION

LOCATION NUMBER: BUILDING NUMBER:

SUBJECT OF INSURANCE	LIMIT OF INSURANCE	VALUATION TYPE	COIN %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY
EQUIPMENT (HARDWARE) - OWNED	\$	<input type="checkbox"/> ACV <input type="checkbox"/> OTHER <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) - LEASED (attach contract)	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
EQUIPMENT (HARDWARE) IN TRANSIT	\$	<input type="checkbox"/> ACV <input type="checkbox"/> RC		\$	
MEDIA/DATA (SOFTWARE)	\$	<input type="checkbox"/> REPRODUCTION		\$	
MEDIA/DATA (SOFTWARE) IN TRANSIT	\$	<input type="checkbox"/> REPRODUCTION		\$	
EXTRA EXPENSE	\$	PERIOD OF RESTOR.		\$	
BUSINESS INTERRUPTION	\$	PER DAY LMT # DAYS		DOLLAR \$ WAITING PERIOD HRS:	
MECHANICAL BREAKDOWN	<input type="checkbox"/> YES <input type="checkbox"/> NO				
PROTECTION AND CONTROL SYSTEM	\$			\$	
OTHER	\$			\$	
FLOOD COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	LOCATION OF EQUIPMENT	<input type="checkbox"/> ABOVE GROUND <input type="checkbox"/> BELOW GROUND <input type="checkbox"/> GROUND LEVEL	EARTHQUAKE COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO
ZONE				ZONE	
BUILDING CONSTRUCTION TYPE		PROT CLASS	# OF STORIES	YEAR BUILT	

SCHEDULE OF EQUIPMENT

LOC. #	BLDG #	ITEM #	MANUFACTURER	MODEL	SERIAL #	LEASED OR OWNED	CURRENT FULL 100% VALUE	AMOUNT OF INSUR. (COINSURANCE %)
TOTALS								

REMARKS

GENERAL INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1. IN THE EVENT OF A MAJOR OR TOTAL LOSS COULD YOU RETURN TO OPERATION WITHIN ONE WEEK?			7. IS THE EQUIPMENT SHIPPED BY COMPANY VEHICLE?		
			8. IS THE MEDIA/DATA SHIPPED BY COMMON CARRIER?		
2. DO YOU HAVE AN ARRANGEMENT FOR THE USE OF OTHER EQUIPMENT? (Attach copy of agreement)			9. IS THE MEDIA/DATA SHIPPED BY COMPANY VEHICLE?		
			10. DOES THE PREMISES HAVE A BURGLAR ALARM?		
3. IS YOUR EQUIPMENT MANUFACTURER IN A POSITION TO REPLACE YOUR EQUIPMENT PROMPTLY?			11. DOES THE APPLICANT HAVE ANY OF THE FOLLOWING DEVICES TO PROTECT THE HARDWARE FROM POWER LINE PROBLEMS?		
4. IS YOUR EQUIPMENT UNDER MANUFACTURER'S WARRANTY?			UNINTERRUPTIBLE POWER SOURCE		
5. DO YOU HAVE A SERVICE MAINTENANCE CONTRACT WITH A MANUFACTURER OR OTHER SERVICE CONTRACTOR?			LINE CONDITIONER		
			POWER SUPPRESSOR VOLTAGE REGULATOR		
6. IS THE EQUIPMENT SHIPPED BY COMMON CARRIER?			DEDICATED LINE		

COMPUTER ROOM INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO		YES	NO
1. IS THE DATA PROCESSING EQUIPMENT LOCATED IN A SPECIFICALLY DESIGNATED ROOM?			6. DOES THE COMPUTER ROOM HAVE A RAISED PEDESTAL FLOOR?		
2. IS ACCESS TO THE ROOM RESTRICTED?			FLOOR CONSTRUCTION TYPE		
3. IS THE EQUIPMENT CONTROLLED BY A MASTER SHUTDOWN SWITCH?			<input type="checkbox"/> COMBUSTIBLE		<input type="checkbox"/> NON-COMBUSTIBLE
4. IS THERE A SEPARATE AIRCONDITIONING SYSTEM DESIGNED TO SPECIFICALLY PROTECT THE EDP EQUIPMENT?			BELOW FLOOR PROTECTION		
5. THE COMPUTER ROOM IS PROTECTED BY THE FOLLOWING SYSTEMS:			<input type="checkbox"/> SMOKE DETECTORS		<input type="checkbox"/> OTHER
<input type="checkbox"/> NONE		<input type="checkbox"/> HALON	<input type="checkbox"/> HALON SYSTEM/CO ₂ SYSTEM		<input type="checkbox"/> NONE
<input type="checkbox"/> WET SPRINKLER		<input type="checkbox"/> CO ₂	7. ALARM TYPE	TEMPER.	HUMIDITY
<input type="checkbox"/> DRY SPRINKLER SYSTEM		<input type="checkbox"/> OTHER	LOCAL		SMOKE
			CENTRAL		FIRE

MEDIA AND DATA (SOFTWARE) INFORMATION

PLEASE EXPLAIN ALL "YES" RESPONSES	YES	NO	
1. ARE ANTI-VIRAL SAFEGUARDS IN EFFECT?			3. HOW OFTEN IS DATA BACKED UP?
2. ARE DUPLICATES OF SOFTWARE MAINTAINED?			<input 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		DATA BACKUPS		ON PREMISES LOCATION INFORMATION	
<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> SAFE	<input type="checkbox"/> COMPUTER ROOM
				<input type="checkbox"/> VAULT	<input type="checkbox"/> OTHER

NAME AND ADDRESS OF OFF PREMISES STORAGE LOCATION

ADDITIONAL INTEREST

INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	
INTEREST	NAME AND ADDRESS	INTEREST IN ITEM
<input type="checkbox"/> ADDITIONAL INSURED		LOCATION #:
<input type="checkbox"/> LOSS PAYEE		BUILDING #:
<input type="checkbox"/> MORTGAGEE		ITEM #:
<input type="checkbox"/> LIENHOLDER		OTHER:
<input type="checkbox"/> OTHER		
<input type="checkbox"/> CERTIFICATE REQUIRED	REFERENCE #:	

REMARKS