



# ESSEX INSURANCE COMPANY

## EDP COVERAGE APPLICATION

Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ Effective Date of Coverage: \_\_\_\_\_

1. Location of Premises: Specify Street, City, County, State, & Zip Code.

Loc. # 1: \_\_\_\_\_

Loc. # 2: \_\_\_\_\_

Loc. # 3: \_\_\_\_\_

2. Limits of Insurance:

EDP Equipment	Loc. #1	Loc.#2	Loc.#3
Owned By You	\$ _____	\$ _____	\$ _____
Owned By Others	\$ _____	\$ _____	\$ _____
EDP Media	\$ _____	\$ _____	\$ _____

\$ \_\_\_\_\_ While in transit or in temporary locations.

\$ \_\_\_\_\_ Extra Expense

Provide a list of all EDP equipment and EDP media (with limits of insurance) you want covered. (EDP equipment may include telephone systems and facsimile machines.) Also, provide a list of EDP equipment and EDP media that you do not want to insure.

3. Deductibles:

\$ \_\_\_\_\_ For loss to Covered Property

4. Valuation(Choose One):

Replacement Cost       Actual Cash Value

5. Protection Systems and Security:

### BURGLARY PROTECTION

Loc. #	Hold-Up	Burglar	Local	Central Station	Police Connect	With Keys	U/L Cert. #	U/L Cert. Exp. Date
1.								
2.								
3.								

### Sprinkler System Halon or CO<sub>2</sub> System?

Loc.#	In Building	In Computer Area	Alarms*	In Computer Area	Alarms*
1.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			
2.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			
3.	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No			

\* Enter: local, central station, or none.

- A. Do you have access to un-interruptible power source (UPS) system to protect against power interruptions?  Yes or  No
- B. Are power surge/sag protectors used on all computer systems?  Yes or  No
- C. Is there an individual or group of individuals responsible for system backup, security, and control?  
 Yes or  No

6. Operations Information:

- A. Maximum value per item: \$\_\_\_\_\_ EDP Equipment: \$\_\_\_\_\_ EDP Media: \_\_\_\_\_
- B. Are public domain programs or data accessed or used?  Yes or  No
- C. Can your system be accessed by others outside your company?  Yes or  No
- D. Describe access controls (e.g. passwords) and other security measures: \_\_\_\_\_  
\_\_\_\_\_
- E. Are employees permitted to use their own software on your equipment?  Yes or  No
- F. Is any EDP equipment located in specially designed rooms?  Yes or  No  
If yes, describe the room: \_\_\_\_\_
- G. Do you or your employees alter vendor-supplied media?  Yes or  No
- H. Is custom-made software used?  Yes or  No
- I. Do you or your employees create, design or modify software?  Yes or  No
- J. Is duplicate software readily available?  Yes or  No
- K. Are duplicate copies of your software and data records maintained?  Yes or  No  
If yes, provide frequency or duplication and where kept: \_\_\_\_\_
- L. Is data transmitted or received via public telephone lines?  Yes or  No
- M. Do you have emergency action or contingency operation plans?  Yes or  No

7. Building Information

Location #	Age	Construction	Fire Contents Rate	EC Contents Rate	Protection Class
1.					
2.					
3.					

8. Describe transportation exposures in REMARKS.

9. Loss History - List all losses during the past three (3) years.

Loc.#	Date of Loss	Describe Cause of Loss	Claim Amounts Paid	Claim Amount Reserved
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Has any company or agent canceled or refused to renew the type of coverage requested?  Yes or  No  
If yes, please give us the reason: \_\_\_\_\_

10. Remarks: \_\_\_\_\_

This application is not a binder. Its completion does not obligate the Applicant to purchase nor the Company to provide the insurance, but the information in this application shall be the basis of the contract if a policy is issued. This Company is permitted to request other information.

**APPLICABLE IN NEW YORK AND OHIO:**

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.

\_\_\_\_\_  
**AGENT'S SIGNATURE**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**

\_\_\_\_\_  
**AGENCY**

\_\_\_\_\_  
**DATE SIGNED**

**CODE NO.** \_\_\_\_\_