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_2 System? _____

Loc.#	In Building	In Computer Area	Alarms*	In Computer Area	Alarms*
1.	☐ Yes or ☐ No	☐ Yes or ☐ No			
2.	☐ Yes or ☐ No	☐ Yes or ☐ No			
3.	☐ Yes or ☐ No	☐ Yes or ☐ 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._____