Houston P: (281) 759-4855 **F**: (281) 759-7245

EDP COVERAGE APPLICATION

Mailing Address:	Name of Applicant:								····	
Loc. # 1: Loc. # 2: Loc. # 3: Limits of Insurance: EDP Equipment	Mailing Add	ress:							· · · · · · · · · · · · · · · · · · ·	
Loc. # 1: Loc. # 2: Loc. # 3: 2. Limits of Insurance: EDP Equipment	Nature of B	usiness:		Effective Date of Coverage:						
Loc. # 2: Loc. # 3: 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. Loc. # While in transit or in temporary locations. Loc. # Hold-Up Burglar Local Central Station Connect With Keys U/L Cert. # U/L Cert. Exp Date BURGLARY PROTECTION Loc. # Hold-Up Burglar Local Central Station Connect With Keys U/L Cert. # U/L Cert. Exp Date	I. Locati	tion of Premises: Specify Street, City, County, State, & Zip Code.								
Loc. # 2: Loc. # 3: 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. Loc. # While in transit or in temporary locations. Loc. # Hold-Up Burglar Local Central Station Connect With Keys U/L Cert. # U/L Cert. Exp Date BURGLARY PROTECTION Loc. # Hold-Up Burglar Local Central Station Connect With Keys U/L Cert. # U/L Cert. Exp Date	Loc. #	1:	· · · · · · · · · · · · · · · · · · ·							
EDP Equipment									· · · · · · · · · · · · · · · · · · ·	
EDP Equipment	Loc. # 3:								· · · · · · · · · · · · · · · · · · ·	
Owned By You \$ \$ \$ \$ Owned By Others \$ \$ \$ EDP Media \$ \$ \$ S 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. Beductibles: \$ For loss to Covered Property Valuation (Choose One): Replacement Cost	2. Limits	of Insurance:								
Owned By Others \$ \$ \$ \$ \$ EDP Media \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	EDP	Equipment		Loc	:. #1	Loc.	#2	L	oc.#3	
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\$ 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. Beductibles: \$ For loss to Covered Property Valuation (Choose One): Replacement Cost			\$		9		· ·			
\$ 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 Police Connect With Keys U/L Cert. # U/L Cert. Exp Date 1.	EDP	Media	\$		9	\$		\$		
\$ 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 Police Connect With Keys U/L Cert. # U/L Cert. Exp Date 1.	\$	\$ While in transit or in temporary locations.								
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. B. Deductibles: S For loss to Covered Property Valuation (Choose One): Replacement Cost										
BURGLARY PROTECTION Loc. # Hold-Up Burglar Local Central Station Connect With Keys U/L Cert. # U/L Cert. Exp Date 1.	3. Deduc \$ 1. Valuat	Deductibles: \$ For loss to Cover Valuation (Choose One):			erty					
Loc.# Hold-Up Burglar Local Central Station Police Connect With Keys U/L Cert. # U/L Cert. Exp Date	,									
1. Station Connect With Keys U/L Cert. # Date		<u> </u>	<u> </u>		ı	1			U/L Cert. Exp.	
	Loc.#	Hold-Up	Burglar	Local	Station		With Keys	U/L Cert.#	_	
	1.									
٤.	2.									
3.	3.									
Sprinkler System Halon or CO ₂ System?										
Loc.# In Building In Computer Area Alarms* In Computer Area Alarms*	Loc.#	In B	In Building		In Computer Area		In Com	puter Area	Alarms*	
1.	1.	Yes o	Yes or No		Yes or No					
2.		Yes or No								
3. Yes or No Yes or No Yes or No The Station, or none.	3.	Yes or No								

1. 2. 3. Describe transportation exposures in REMARKS. Loss History - List all losses during the past three (3) years.							inter
☐ Yes or ☐ No Operations Information: A. Maximum value per item: \$		☐ Yes or ☐ No	omputer systems? [ctors used on all c	rge/sag prote	power su	B. Are
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:	a:	n backup, security, ar	sponsible for syster	up of individuals re			
B. Are public domain programs or data accessed or used?	a:				ation:	ns Inform	Operation
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 Building Information Location Age Construction Fire Contents EC Contents Rate Pro 1. 2.		EDP Media: _	Equipment: \$	EDP	ue per item: \$	ximum va	A. Max
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 Building Information Location# Age Construction Fire Contents Rate Pro 1. 2. 3. Describe transportation exposures in REMARKS. Loss History - List all losses during the past three (3) years. Loc.# Date of Loss Describe Cause of Loss Paid \$ \$ \$ \$		r 🗆 No	d or used? 🗌 Yes o	s or data accesse	main program	public do	B. Are
E. Are employees permitted to use their own software on your equipment?		☐ Yes or ☐ No	ide your company?	sed by others outs	tem be acces	n your sys	C. Can
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 Building Information Location # Age Construction Fire Contents EC Contents Rate Pro 1.		asures:	nd other security me	e.g. passwords) a	ess controls (scribe acc	D. Des
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 Building Information Location # Age Construction Fire Contents Rate Pro 1. 2. 3. Describe transportation exposures in REMARKS. Loss History - List all losses during the past three (3) years. Claim Amounts C Paid S S S		ment? Yes or	tware on your equip	use their own sof	es permitted to	employe	E. Are
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 Building Information Location Age Construction Fire Contents EC Contents Rate Pro 1. 2. 3. Describe transportation exposures in REMARKS. Loss History - List all losses during the past three (3) years. Loc.# Date of Loss Describe Cause of Loss Claim Amounts Paid \$							
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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 Building Information Location Age Construction Fire Contents Rate Pro 1. 2. 3. Describe transportation exposures in REMARKS. Loss History - List all losses during the past three (3) years. Describe Cause of Loss Paid \$ \$			□ No	sed? Yes or	de software u	custom-ma	H. Is cu
K. Are duplicate copies of your software and data records maintained? Yes or No If yes, provide frequency or duplication and where kept: Yes or No No M. Do you have emergency action or contingency operation plans? Yes or No No Suilding Information Location # Age		Yes or No	nodify software?	create, design or r	ır employees	you or yo	I. Do y
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M. Do you have emergency action or contingency operation plans? Yes or No Building Information Location # Age Construction Fire Contents Rate Pro 1.				•		•	•
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Loc.# Date of Loss Describe Cause of Loss Claim Amounts Paid \$ \$ \$ \$ \$ \$				es in REMARKS.	ation exposur	e transpor	Describe
Loc.# Loss Describe Cause of Loss Paid \$ \$ \$			(3) years.	ing the past three	all losses dur	story - List	Loss Hist
\$ \$	s Claim Amou Reserved		e of Loss	Describe Caus	f	_	Loc.#
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10. Remarks:	
This application is not a binder. Its completion does not oprovide the insurance, but the information in this applicate This Company is permitted to request other information.	
APPLICABLE IN NEW YORK AND OHIO:	
Any person who knowingly and with intent to defraud any for insurance containing any false information, or conceals any fact material thereto, commits a fraudulent insurance	s for the purpose of misleading information concerning
AGENT'S SIGNATURE	APPLICANT'S SIGNATURE
AGENCY	DATE SIGNED
CODE NO	<u> </u>