

ACORD 148 (2016/03) - ELECTRONIC DATA PROCESSING SECTION

ACORD 148, Electronic Data Processing Section, has been designed to handle the basic underwriting and rating needs for issuing an EDP policy.

Individual company manuals should be consulted for unique underwriting, rating, and other information required by specific companies.

This form was designed to be used in conjunction with ACORD 125, Commercial Insurance Application - Applicant Information Section. Refer to ACORD 125 for information on that form. Most information for the Identification Section should match the data found within the Applicant Information Section of ACORD 125. However, it is still important to complete the section. Many companies, for rating purposes, separate the applications by line of business. Not completing this portion of the application may make it difficult to keep track of the full account.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
IDENTIFICATION SECTION	Location #	Enter number: The location number for the premises.
IDENTIFICATION SECTION	Building #	Enter number: The building number for the premises. Used when more than one building exists at an individual location.
IDENTIFICATION SECTION	Date	Enter date: The date on which the form is completed. (MM/DD/YYYY)
IDENTIFICATION SECTION	Agency	Enter text: The full name of the producer / agency.
IDENTIFICATION SECTION	Policy Number	Enter identifier: The identifier assigned by the insurer to the policy, or submission, being referenced exactly as it appears on the policy, including prefix and suffix symbols. If required for self-insurance, the self-insured license or contract number.
IDENTIFICATION SECTION	Effective Date	Enter date: The effective date of the policy. The date that the terms and conditions of the policy commence. (MM/DD/YYYY)
IDENTIFICATION SECTION	Carrier	Enter text: The insurer's full legal company name(s) as found in the file copy of the policy. Use the actual name of the company within the group to which the policy has been issued. This is not the insurer's group name or trade name.
IDENTIFICATION SECTION	NAIC Code	Enter code: The identification code assigned to the insurer by the National Association of Insurance Commissioners (NAIC).
IDENTIFICATION SECTION	Applicant / First Named Insured	Enter text: The named insured(s) as it / they will appear on the policy declarations page.
PREMISES INFORMATION	Equipment Owned Limit of Insurance	Enter limit: The limit amount for electronic data processing equipment (hardware) owned. If covering owned equipment (not leased), list the insurance limit, valuation type, coinsurance percentage and forms and conditions. This is a separate limit from the leased equipment.

PREMISES INFORMATION	Equipment Owned Valuation Type ACV	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is actual cash value.
PREMISES INFORMATION	Equipment Owned Valuation Type RC	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is replacement cost.
PREMISES INFORMATION	Equipment Owned Valuation Type OTHER	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is other than those listed. Enter the type in remarks.
PREMISES INFORMATION	Equipment Owned Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Equipment Owned Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Equipment Owned Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Equipment Leased Limit of Insurance	Enter limit: The limit amount for electronic data processing equipment (hardware) leased. List the Leased equipment limit separately from the Owned equipment limit. Attach a copy of the lessor's contract for all leased equipment and also complete the Additional Insured section for the lessors. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Equipment Leased Valuation Type ACV	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is actual cash value.
PREMISES INFORMATION	Equipment Leased Valuation Type RC	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is replacement cost.
PREMISES INFORMATION	Equipment Leased Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Equipment Leased Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Equipment Leased Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Equipment in Transit Limit of Insurance	Enter limit: The limit amount for electronic data processing equipment (hardware) in transit. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Equipment in Transit Valuation Type ACV	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is actual cash value.
PREMISES INFORMATION	Equipment in Transit Valuation Type RC	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is replacement cost.
PREMISES INFORMATION	Equipment in Transit Coin %	Enter percentage: The coinsurance percentage used at the time of loss.

PREMISES INFORMATION	Equipment in Transit Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Equipment in Transit Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Media / Data Software Limit of Insurance	Enter limit: The limit amount for electronic data processing media/data (software). Limit in terms of the reproduction cost of the software programs, the insured's data and the disks and tapes on which the data is stored. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Media / Data Software Valuation Type Reproduction	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is reproduction.
PREMISES INFORMATION	Media / Data Software Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Media / Data Software Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Media / Data Software Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Media / Data Software in Transit Limit of Insurance	Enter limit: The limit amount for electronic data processing media/data (software) in transit. Limit in terms of the reproduction cost of the software programs, the insured's data and the disks and tapes on which the data is stored. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Media / Data Software in Transit Valuation Type Reproduction	Check the box (if applicable): Indicates the type of value used in determining the limit of insurance is reproduction.
PREMISES INFORMATION	Media / Data Software in Transit Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Media / Data Software in Transit Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Media / Data Software in Transit Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Extra Expense Limit of Insurance	Enter limit: The limit amount for electronic data processing extra expense. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).

PREMISES INFORMATION	Extra Expense Valuation Type Period Of Restoration	Enter number: The period of restoration. The total number of days expected to be fully operational after a total loss
PREMISES INFORMATION	Extra Expense Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Extra Expense Deductible	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Extra Expense Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Business Interruption Limit of Insurance	Enter limit: The limit amount for electronic data processing business interruption. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Business Interruption Valuation Type Per Day LET	Enter limit: The per day limit amount for business interruption coverage.
PREMISES INFORMATION	Business Interruption Valuation Type # Days	Enter number: The number of days of coverage.
PREMISES INFORMATION	Business Interruption Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Business Interruption Deductible Dollar	Enter deductible: The deductible amount for the coverage.
PREMISES INFORMATION	Business Interruption Deductible Waiting Period Hrs	Enter number: The number of hours to be applied before the deductible goes into effect (waiting period hours).
PREMISES INFORMATION	Business Interruption Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Mechanical Breakdown	Enter Y for a "Yes" response. Input N for "No" response. Indicates if mechanical breakdown coverage is applicable.
PREMISES INFORMATION	Protection and Control System Limit of Insurance	Enter limit: The limit amount for electronic data processing protection and control system. If a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$800,000).
PREMISES INFORMATION	Protection and Control System Valuation Type	Enter code: Indicates the type of value used in determining the limit of insurance.
PREMISES INFORMATION	Protection and Control System Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Protection and Control System Deductible	Enter deductible: The deductible amount for the coverage.

PREMISES INFORMATION	Protection and Control System Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Other Subject of Insurance Description	Enter text: The description of the coverage.
PREMISES INFORMATION	Other Subject of Insurance Limit of Insurance	Enter limit: The limit of the coverage. As used here, if a coinsurance percentage applies to this coverage, this is the coinsurance limit (e.g., \$1 million of coverage written at 80 percent coinsurance is listed as \$80,000).
PREMISES INFORMATION	Other Subject of Insurance Valuation Type	Enter code: Indicates the type of value used in determining the limit of insurance.
PREMISES INFORMATION	Other Subject of Insurance Coin %	Enter percentage: The coinsurance percentage used at the time of loss.
PREMISES INFORMATION	Other Subject of Insurance Deductible	Enter deductible: The deductible of the coverage.
PREMISES INFORMATION	Other Subject of Insurance Forms and Conditions to Apply	Enter text: The description of all form numbers and special conditions applicable to the coverage.
PREMISES INFORMATION	Flood Coverage	Enter Y for a "Yes" response. Input N for "No" response. Indicates if flood is a specific cause of loss applicable to the risk.
PREMISES INFORMATION	Flood Coverage Zone	Enter code: The code indicating the flood zone the property is located in. The source of this code list is the Flood Insurance Rate Map.
PREMISES INFORMATION	Location Of Equipment Above Ground	Check the box (if applicable): Indicates the majority of the computer equipment is located above ground level.
PREMISES INFORMATION	Location Of Equipment Below Ground	Check the box (if applicable): Indicates the majority of the computer equipment is located below ground level.
PREMISES INFORMATION	Location Of Equipment Ground Level	Check the box (if applicable): Indicates the majority of the computer equipment is located at ground level.
PREMISES INFORMATION	Earthquake Coverage	Enter Y for a "Yes" response. Input N for "No" response. Indicates if earthquake is a specific cause of loss applicable to the risk.
PREMISES INFORMATION	Earthquake Coverage Zone	Enter code: The code that defines a particular area for the sole purpose of rating Earthquake Coverage. The source of this code list is the company or state/province earthquake manuals.

RATING INFORMATION	Building Construction Type	Enter code: The primary construction type of the premises. Common construction classifications are: * Frame * Joisted Masonry * Non-Combustible * Masonry Non-Combustible * Modified Fire Resistive * Fire Resistive
RATING INFORMATION	Prot Class	Enter code: The fire rating protection class for this location. Note: some structures may be located too far from the nearest hydrant, or too far from the nearest fire station, for the protection class of the community to apply.
RATING INFORMATION	# of stories	Enter number: The number of stories or floors for this building not including any basement.
RATING INFORMATION	Year Built	Enter year: The year the structure was built (YYYY).
SCHEDULE OF EQUIPMENT	Item # One	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer One	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model One	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # One	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned One	Enter code: Indicates the ownership status of the item as leased or owned.
SCHEDULE OF EQUIPMENT	Current Full 100% Value One	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price
SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) One	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Item # Two	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer Two	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model Two	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # Two	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned Two	Enter code: Indicates the ownership status of the item as leased or owned.
SCHEDULE OF EQUIPMENT	Current Full 100% Value Two	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price

SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) Two	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Item # Three	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer Three	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model Three	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # Three	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned Three	Enter code: Indicates the ownership status of the item as leased or owned.
SCHEDULE OF EQUIPMENT	Current Full 100% Value Three	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price
SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) Three	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Item # Four	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer Four	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model Four	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # Four	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned Four	Enter code: Indicates the ownership status of the item as leased or owned.
SCHEDULE OF EQUIPMENT	Current Full 100% Value Four	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price
SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) Four	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Item # Five	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer Five	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model Five	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # Five	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned Five	Enter code: Indicates the ownership status of the item as leased or owned.

SCHEDULE OF EQUIPMENT	Current Full 100% Value Five	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price
SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) Five	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Item # Six	Enter identifier: The producer assigned identifier for the item.
SCHEDULE OF EQUIPMENT	Manufacturer Six	Enter text: The name of the manufacturer of the item.
SCHEDULE OF EQUIPMENT	Model Six	Enter text: The manufacturer's model name or number for the item.
SCHEDULE OF EQUIPMENT	Serial # Six	Enter identifier: The identification number, serial number, or any other identifying symbol of the item.
SCHEDULE OF EQUIPMENT	Leased or Owned Six	Enter code: Indicates the ownership status of the item as leased or owned.
SCHEDULE OF EQUIPMENT	Current Full 100% Value Six	Enter number: The amount it would currently cost to replace this piece of equipment with the exact same model. As used here, due to the nature of computer equipment, this value may be substantially less than the applicant's original purchase price
SCHEDULE OF EQUIPMENT	Amount of Insur. (Coinsurance %) Six	Enter limit: Amount the piece of equipment is to be insured for at its coinsurance level and requested valuation type.
SCHEDULE OF EQUIPMENT	Totals Current Full Value	Enter amount: The total value of all of the scheduled items within the class / grouping.
SCHEDULE OF EQUIPMENT	Totals Amount Of Insurance	Enter limit: The amount of insurance for the class / grouping. This is the total value of all of the scheduled items within the class / grouping.
GENERAL INFORMATION	1. In the event of a major or total loss could you return to operation within one week?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "In the event of a major or total loss could you return to operation within one week?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the insured could return to operation within one week in the event of a major or total loss.
GENERAL INFORMATION	2. Do you have an arrangement for the use of other equipment?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you have an arrangement for the use of other equipment?"
GENERAL INFORMATION	3. Is your equipment manufacturer in a position to replace your equipment promptly?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is your equipment manufacturer in a position to replace your equipment promptly?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the equipment manufacturer is in a position to replace equipment promptly in the event of a major or total loss.

GENERAL INFORMATION	4. Is your equipment under manufacturer's warranty?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is your equipment under manufacturer's warranty?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether the equipment is under manufacturer's warranty.
GENERAL INFORMATION	5. Do you have a service maintenance contract with a manufacturer or other service contractor?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Do you have a service maintenance contract with a manufacturer or other service contractor?"
GENERAL INFORMATION	Explanation	Enter text: An explanation as to whether there is a service contract with the manufacturer or other service contractor.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
GENERAL INFORMATION (continued)	6. Is the equipment shipped by common carrier?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the equipment shipped by common carrier?"
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation as to whether the equipment is shipped by common carrier.
GENERAL INFORMATION (continued)	7. Is the equipment shipped by company vehicle?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the equipment shipped by company vehicle?"
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation as to whether the equipment is shipped by company vehicle.
GENERAL INFORMATION (continued)	8. Is the media / data shipped by common carrier?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the media / data shipped by common carrier?"
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation as to whether the media / data is shipped by common carrier.
GENERAL INFORMATION (continued)	9. Is the media / data shipped by company vehicle?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the media / data shipped by company vehicle?"
GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation as to whether the media / data is shipped by company vehicle.
GENERAL INFORMATION (continued)	10. Does the premises have a burglar alarm?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does the premises have a burglar alarm?"

GENERAL INFORMATION (continued)	Explanation	Enter text: An explanation as to whether the premises has a burglar alarm.
GENERAL INFORMATION (continued)	11. Does the applicant have any of the following devices to protect the hardware from power line problems?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does the applicant have any of the following devices to protect the hardware from power line problems?"
GENERAL INFORMATION (continued)	Uninterruptible Power Source	Check the box (if applicable): Indicates the applicant has an uninterruptible power source in order to protect the hardware from power line problems.
GENERAL INFORMATION (continued)	Line Conditioner	Check the box (if applicable): Indicates the applicant has a line conditioner in order to protect the hardware from power line problems.
GENERAL INFORMATION (continued)	Power Suppressor Voltage Regulator	Check the box (if applicable): Indicates the applicant has a power suppressor voltage regulator in order to protect the hardware from power line problems.
GENERAL INFORMATION (continued)	Dedicated Line	Check the box (if applicable): Indicates the applicant has a dedicated line in order to protect the hardware from power line problems.
COMPUTER ROOM INFORMATION	1. Is the data processing equipment located in a specifically designated room?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the data processing equipment located in a specifically designated room?"
COMPUTER ROOM INFORMATION	Explanation	Enter text: An explanation as to whether the data processing equipment is located in a specifically designated room.
COMPUTER ROOM INFORMATION	2. Is access to the room restricted?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is access to the room restricted?"
COMPUTER ROOM INFORMATION	Explanation	Enter text: An explanation as to whether access is restricted to the specifically designated room.
COMPUTER ROOM INFORMATION	3. Is the equipment controlled by a master shutdown switch?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is the equipment controlled by a master shutdown switch?"
COMPUTER ROOM INFORMATION	Explanation	Enter text: An explanation as to whether the equipment is controlled by a master shutdown switch.
COMPUTER ROOM INFORMATION	4. Is there a separate air conditioning system designed to specifically protect the EDP equipment?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Is there a separate air conditioning system designed to specifically protect the EDP equipment?"
COMPUTER ROOM INFORMATION	Explanation	Enter text: An explanation as to whether there is a separate air conditioning system designed to specifically protect the EDP equipment.

COMPUTER ROOM INFORMATION	The Computer Room is protected by the following systems: None	Check the box (if applicable): Indicates there is no fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	Wet Sprinkler	Check the box (if applicable): Indicates there is a wet sprinkler fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	Dry Sprinkler System	Check the box (if applicable): Indicates there is a dry sprinkler fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	Halon	Check the box (if applicable): Indicates there is a Halon fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	CO2	Check the box (if applicable): Indicates there is a CO2 fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	Other (checkbox)	Check the box (if applicable): Indicates there is a fire extinguishing system other than those listed. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	Other Description	Enter text: The description of the fire extinguishing system. As used here, this is the protection on the computer room.
COMPUTER ROOM INFORMATION	6. Does the computer room have a raised pedestal floor?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Does the computer room have a raised pedestal floor?"
COMPUTER ROOM INFORMATION	Floor Construction Type Combustible	Check the box (if applicable): Indicates the floor construction type is combustible.
COMPUTER ROOM INFORMATION	Floor Construction Type Non-Combustible	Check the box (if applicable): Indicates the floor construction type is non-combustible.
COMPUTER ROOM INFORMATION	Below Floor Protection Smoke Detectors	Check the box (if applicable): Indicates a smoke detector is used for the computer room below floor protection.
COMPUTER ROOM INFORMATION	Below Floor Protection Halon System/CO2 System	Check the box (if applicable): Indicates a Halon or CO2 system is used for the computer room below floor protection.
COMPUTER ROOM INFORMATION	Below Floor Protection Other	Check the box (if applicable): Indicates a computer room below floor protection system is used other than those listed.
COMPUTER ROOM INFORMATION	Computer Room Floor Protection Description	Enter text: The description of the computer room below floor protection system.
COMPUTER ROOM INFORMATION	Below Floor Protection None	Check the box (if applicable): Indicates there is no computer room below floor protection system.
COMPUTER ROOM INFORMATION	Alarm Type Local Temper.	Check the box (if applicable): Indicates the temperature alarm sounds or appears on the premises.

COMPUTER ROOM INFORMATION	Alarm Type Local Humidity	Check the box (if applicable): Indicates the humidity alarm sounds or appears on the premises.
COMPUTER ROOM INFORMATION	Alarm Type Local Smoke	Check the box (if applicable): Indicates that the smoke alarm sounds or appears on the premises.
COMPUTER ROOM INFORMATION	Alarm Type Local Fire	Check the box (if applicable): Indicates the fire alarm sounds or appears on the premises.
COMPUTER ROOM INFORMATION	Alarm Type Central Temper.	Check the box (if applicable): Indicates the temperature alarm reports to an outside service that in turn reports to the appropriate police or fire station.
COMPUTER ROOM INFORMATION	Alarm Type Central Humidity	Check the box (if applicable): Indicates the humidity alarm reports to an outside service that in turn reports to the appropriate police or fire station.
COMPUTER ROOM INFORMATION	Alarm Type Central Smoke	Check the box (if applicable): Indicates the smoke alarm notifies an outside service that in turn reports to the appropriate police or fire station.
COMPUTER ROOM INFORMATION	Alarm Type Central Fire	Check the box (if applicable): Indicates the fire alarm reports to an outside service that in turn reports to the appropriate police or fire station.
MEDIA AND DATA (SOFTWARE) INFORMATION	1. Are anti-viral safeguards in effect?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Are anti-viral safeguards in effect?"
MEDIA AND DATA (SOFTWARE) INFORMATION	Explanation	Enter text: An explanation as to whether anti-viral safeguards are in effect to protect the EDP equipment.
MEDIA AND DATA (SOFTWARE) INFORMATION	2. Are duplicates of software maintained?	Enter Y for a "Yes" response. Input N for "No" response. The response to the question, "Are duplicates of software maintained?"
MEDIA AND DATA (SOFTWARE) INFORMATION	Explanation	Enter text: An explanation as to whether duplicates of software are maintained.
MEDIA AND DATA (SOFTWARE) INFORMATION	How often is data backed up? Daily	Check the box (if applicable): Indicates data is backed up daily.
MEDIA AND DATA (SOFTWARE) INFORMATION	Weekly	Check the box (if applicable): Indicates data is backed up weekly.
MEDIA AND DATA (SOFTWARE) INFORMATION	Monthly	Check the box (if applicable): Indicates data is backed up monthly.

MEDIA AND DATA (SOFTWARE) INFORMATION	Quarterly	Check the box (if applicable): Indicates data is backed up quarterly.
MEDIA AND DATA (SOFTWARE) INFORMATION	Yearly	Check the box (if applicable): Indicates data is backed up yearly.
MEDIA AND DATA (SOFTWARE) INFORMATION	Other Backup Frequency	Check the box (if applicable): Indicates data is backed up other than those frequencies listed.
MEDIA AND DATA (SOFTWARE) INFORMATION	Description Other Backup Frequency	Enter text: The frequency that data is backed up.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	Duplicate Software On Premises	Check the box (if applicable): Indicates duplicate software is located on premises.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	Duplicate Software Off Premises	Check the box (if applicable): Indicates duplicate software is located off premises.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	Data Backups On Premises	Check the box (if applicable): Indicates data backups are located on premises.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	Data Backups Off Premises	Check the box (if applicable): Indicates data backups are located off premises.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	On Premises Location Information Safe	Check the box (if applicable): Indicates the on premises duplicate software and data backups are kept in a safe.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	On Premises Location Information Vault	Check the box (if applicable): Indicates the on premises duplicate software and data backups are kept in a vault.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	On Premises Location Information Computer Room	Check the box (if applicable): Indicates the on premises duplicate software and data backups are kept in the computer room.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	On Premises Location Information Other	Check the box (if applicable): Indicates the on premises duplicate software and data backups are kept in a location other than those listed.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	On Premises Location Information Other Description	Enter text: The storage location of on premises duplicate software and data backups.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE	Name and Address of Off Premises Storage Location	Enter text: The name of the duplicate records storage location.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE		Enter text: The first address line of the duplicate records storage location.

SOFTWARE DUPLICATES & DATA BACKUP STORAGE		Enter text: The second address line of the duplicate records storage location.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE		Enter text: The city of the duplicate records storage location.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE		Enter code: The state or province of the duplicate records storage location.
SOFTWARE DUPLICATES & DATA BACKUP STORAGE		Enter code: The postal code of the duplicate records storage location.

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Section Name	Field Name	Description
IDENTIFICATION SECTION	Agency Customer ID	Enter identifier: The customer's identification number assigned by the producer (e.g., agency or brokerage).
ADDITIONAL INTEREST	ACORD 45 Attached (checkbox)	Check the box (if applicable): Indicates an ACORD 45, Additional Interest Schedule is attached.
ADDITIONAL INTEREST	Interest - Additional Insured One	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Interest - Lender's Loss Payable One	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Interest - Lienholder One	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Interest - Loss Payee One	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Interest - Mortgagee One	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Interest - Other One	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Interest - Other Description One	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Rank One	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Name and Address One	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.

ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Reference # One	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Certificate Required One	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Interest in Item Location # One	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Building # One	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Item # One	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Other One	Enter text: The description of the item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Item Description One	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
ADDITIONAL INTEREST	Interest - Additional Insured Two	Check the box (if applicable): Indicates the additional interest type is an additional insured.
ADDITIONAL INTEREST	Interest - Lender's Loss Payable Two	Check the box (if applicable): Indicates the additional interest type is a lender's loss payable.
ADDITIONAL INTEREST	Interest - Lienholder Two	Check the box (if applicable): Indicates the additional interest type is a lien holder.
ADDITIONAL INTEREST	Interest - Loss Payee Two	Check the box (if applicable): Indicates the additional interest type is a loss payee.
ADDITIONAL INTEREST	Interest - Mortgagee Two	Check the box (if applicable): Indicates the additional interest type is a mortgagee.
ADDITIONAL INTEREST	Interest - Other Two	Check the box (if applicable): Indicates the additional interest is other than those listed.
ADDITIONAL INTEREST	Interest - Other Description Two	Enter text: The description of the other type of additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Rank Two	Enter number: The ranking of 'this' additional interest when multiple additional interests are associated with the same item.
ADDITIONAL INTEREST	Name and Address Two	Enter text: The additional interest's full name.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line one.
ADDITIONAL INTEREST		Enter text: The additional interest's mailing address line two.

ADDITIONAL INTEREST		Enter text: The additional interest's mailing address city name.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address state or province code.
ADDITIONAL INTEREST		Enter code: The additional interest's mailing address postal code.
ADDITIONAL INTEREST	Reference # Two	Enter identifier: The loan number, account number or other controlling number that the additional interest may have assigned the insured.
ADDITIONAL INTEREST	Certificate Required Two	Check the box (if applicable): Indicates if the additional interest requires a Certificate of Insurance.
ADDITIONAL INTEREST	Interest in Item Location # Two	Enter number: The producer assigned number of the location which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Building # Two	Enter number: The producer assigned number of the building which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Item # Two	Enter number: The producer assigned number of the scheduled item which has an additional interest.
ADDITIONAL INTEREST	Interest in Item Other Two	Enter text: The description of the item which has an additional interest.
ADDITIONAL INTEREST / CERTIFICATE RECIPIENTS	Item Description Two	Enter text: The description of the item of interest if needed to further clarify. For a vehicle, list the make, model and VIN number. For a scheduled item, list the description, such as three carat diamond in six point setting.
GENERAL INFORMATION	REMARKS	Enter text: The remarks associated with the general liability line of business. Use this section to provide any additional information required for underwriting or rating. ACORD 101, Additional Remarks Schedule, may be attached if more space is required.
SIGNATURE	Producer's Signature	Sign here: Accommodates the signature of the authorized representative (e.g., producer, agent, broker, etc.) of the company(ies) listed on the document. This is required in most states.
SIGNATURE	Producer's Name (Please Print)	Enter text: The name of the authorized representative of the producer, agency and/or broker that signed the form.
SIGNATURE	State Producer License No (Required in FL)	Enter identifier: The State License Number of the producer.
SIGNATURE	Applicant's Signature	Sign here: Accommodates the signature of the applicant or named insured.
SIGNATURE	Date	Enter date: The date the form was signed by the applicant or named insured. (MM/DD/YYYY)
SIGNATURE	National Producer Number	Enter identifier: The National Producer Number (NPN) as defined in the National Insurance Producer Registry (NIPR). Note: The NPN is not the same as the producer state license number.