

**PRODUCER**  
Robert Hawkins DBA Hawkins Insurance Services  
P. O. Box 2207  
Spring Valley, CA 91979-2207  
619-670-1136  
619-670-5026 F bondpro1@cox.net  
DOI 0655770 0B33276

**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			\$		
				RC					
EQUIPMENT (HARDWARE) - LEASED (attach contract)		\$		ACV			\$		
				RC					
EQUIPMENT (HARDWARE) IN TRANSIT		\$		ACV			\$		
				RC					
MEDIA/DATA (SOFTWARE)		\$		REPRODUCTION			\$		
MEDIA/DATA (SOFTWARE) IN TRANSIT		\$		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	LOCATION OF EQUIPMENT	<input type="checkbox"/> ABOVE GROUND	EARTHQUAKE COVERAGE		<input type="checkbox"/> YES			
	<input type="checkbox"/> NO		<input type="checkbox"/> BELOW GROUND			<input type="checkbox"/> NO			
ZONE			<input type="checkbox"/> GROUND LEVEL	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 <sub>2</sub> SYSTEM <input type="checkbox"/> NONE		
<input type="checkbox"/> WET SPRINKLER <input type="checkbox"/> CO <sub>2</sub>			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"/> MONTHLY <input type="checkbox"/> YEARLY
			<input type="checkbox"/> WEEKLY <input type="checkbox"/> QUARTERLY <input type="checkbox"/> OTHER
<b>SOFTWARE DUPLICATES &amp; DATA BACKUP STORAGE</b>			
<b>DUPLICATE SOFTWARE</b>		<b>DATA BACKUPS</b>	<b>ON PREMISES LOCATION INFORMATION</b>
<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> ON PREMISES	<input type="checkbox"/> SAFE	<input type="checkbox"/> COMPUTER ROOM
<input type="checkbox"/> OFF PREMISES	<input type="checkbox"/> OFF PREMISES	<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**

--