

COMPUTER EQUIPMENT APPLICATION

1. Insured _____ DBA _____

2. Mailing address: _____

3. City _____ State _____ Zip _____

4. Location of equipment address: _____

5. How is equipment used? _____

6. Construction of building housing computer: Roof _____

Floor _____ Inside Walls _____

Outside Walls _____

7. Schedule of equipment & software:

Item	Age	Manufacturer	Serial #	Value
A. _____				
B. _____				
C. _____				
D. _____				
E. _____				

8. Burglary Protections _____

9. Losses past 3 years _____

10. Effective Date _____

11. Remarks _____

I ACKNOWLEDGE AND WARRANT THAT THE INFORMATION GIVEN IN THIS APPLICATION EVEN IF NOT IN MY HANDWRITING, IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

"SPECIAL NOTICE:" AS PART OF OUR UNDERWRITING PROCEDURE, A ROUTINE INQUIRY AND/OR A CONSUMER CREDIT REPORT MAY BE MADE WHICH WILL PROVIDE APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING. UPON WRITTEN REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

"NO BINDING AUTHORITY IS EXTENDED TO AGENT"

DATE _____ INSURED'S SIGNATURE _____

AGENCY _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

THE APPLICATION MUST BE FULLY COMPLETED, SIGNED AND DATED BY THE INSURED OR IT WILL NOT BE ACCEPTED BY THE UNDERWRITER(S).

Signature of Agent _____

Name _____

Address _____

City, State _____

Zip _____