



## MARINA/BOAT DEALERSHIP SUPPLEMENTAL APPLICATION

### ELECTRONIC DATA PROCESSING

**Insured Name:** \_\_\_\_\_ **Policy Period From:** \_\_\_\_\_ **To:** \_\_\_\_\_

**A. Location(s):**

Location:	Limits Requested	
	Hardware	Software
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

**Is a Blanket Limit Required?**     Yes     No                      **If "Yes," Limit Required \$** \_\_\_\_\_

**Hardware Valuation Option:**     Replacement Cost     Actual Cash Value    *\*Software is valued at Reproduction Cost*

**Coinurance Option:**     Not Applicable     80%     90%     100%

**Deductible Option:**     \$1,000     \$2,500     \$5,000     Other: \$ \_\_\_\_\_

**B. Time Element Coverages:**

(If both Extra Expense and Business Income Coverage is desired, please provide a breakdown of the limits for each below)

<input type="checkbox"/> Extra Expense		<input type="checkbox"/> Business Income Coverage	
Loc. #	Limit Requested	Loc. #	Limit Requested
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

**C. General Information:**

1.     Yes     No    In the event of a major or total loss could the Insured return to operation within one week?
2.     Yes     No    Does the Insured have an arrangement for the use of other equipment?
3.     Yes     No    Is the Insured's equipment manufacturer in a position to replace the Insured's equipment promptly?
4.     Yes     No    Is the Insured's equipment under manufacturer's warranty?
5.     Yes     No    Does the Insured have a service maintenance contract with a manufacturer or other service contractor?
6.     Yes     No    Is the equipment shipped by common carrier?
7.     Yes     No    Is the equipment shipped by company vehicle?
8.     Yes     No    Is the media/data shipped by common carrier?
9.     Yes     No    Is the media/data shipped by company vehicle?
10.  Yes     No    Does the premises have a burglar alarm?
11. Protection Devices (Check all devices that apply)
 

<input type="checkbox"/> Uninterruptible Power Source	<input type="checkbox"/> Line Conditioner
<input type="checkbox"/> Power Suppressor Voltage Regulator	<input type="checkbox"/> Dedicated Line

## ELECTRONIC DATA PROCESSING (cont'd)

### D. Equipment Schedule:

SCHEDULED EQUIPMENT			
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value
Loc. #	Item #	Manufacturer & Model #	
	Serial Number	Leased or Owned	Current Full 100% Value

### E. Media and Data (Software) Information:

1.  Yes  No Are anti-viral safeguards in effect?
2.  Yes  No Are duplicates of software maintained?
3. How often is data backed up?  
 Daily     Monthly     Yearly     Weekly     Quarterly     Other: \_\_\_\_\_
4.  Yes  No Are data backups or duplicate software stored on premises? If yes, where? \_\_\_\_\_
5.  Yes  No Are data backups or duplicate software stored off premises? If yes, where? \_\_\_\_\_