



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? _____