

Telecommunications

SUPPLEMENTAL QUESTIONNAIRE

		Insured:						
Effe	ective	e Date:						
1.	Describe all telecommunications operations providing a revenue percentage for each:							
	a.	Competitive Local Exchange:						
	b.	Incumbent Local Exchange:						
	c.	Internet Service Provider:						
	d.	Wireless Service Provider:						
	e.	Rebiller:						
	f.	Carrier Service Provider:						
	g.	Other – Describe:						
2.	Do you provide:							
	a.	VOIP service:		\square Yes	□No			
	b.	Any 911 or emergency service:		☐ Yes	□No			
3.	Do	you own your own lines and poles:	\square Yes	□No	□ N/A			
	If Y	es, estimated number of poles:						
4.	Do you own underground lines: \square Yes \square No \square N/							
	a.	If Yes, does the insured install their own underground lines:	\square Yes	□No	□ N/A			
	b.	Does the insured subcontract trenching/installation of underground lines:	\square Yes	\square No	□ N/A			
		i. If Yes, provide copy of subcontractor's agreement						
	c.	# of miles of:						
		i. Underground Lines:						
		ii. Overhead Lines:						
	d.	Type of wire:						
		i. Copper:		☐Yes	□No			
		ii. Fiber:		☐Yes	□No			
		iii. Conduit:		☐Yes	□No			
	e.	What is the book value of the lines:						
5.	Is line and pole installation and maintenance handled by insured: \Box Yes \Box No							
	a.	If No, is this work subcontracted?	☐Yes	□No	□ N/A			
	b.	If Yes, provide copy of subcontractor's agreement.						
6.	Do you host data of customers or others? □ Yes □ No							
	a.	If hosting, provide # of hosting locations you own or operate:						

7.	Describe contingency plans for maintaining continuous uninterrupted service in the case of power failure (include comments on back-up generators with detail and alternative processing sites if any):								
	a.	Uni	nterruptable Power Source:	□Yes	□No				
	b.	Dis	aster Recovery Plan?	□Yes	□No				
	c.	Но	w many feeds coming in from electrical power supplier?						
8.		-	have any analogue equipment that would have to be replaced in case of loss with equipment:	□Yes	□No				
	a.	If Y	es, what is the estimated value? \$						
9.	2. Storage/Maintenance Yard/Building:								
	a. Do you have one or both of these?				□No				
	b. If Yes, which: \square Yard \square Building								
	c. Security Controls:								
		i.	Fence:	☐Yes	□No				
			If Yes, describe type and gate controls day and night						
		ii.	Copper Wire:	□Yes	□ No				
			1. If Yes, stored: ☐ Inside ☐ In yard						
			2. If stored in yard, is it stored in separate fenced and gated enclosure?	☐ Yes	□No				
		iii.	Surveillance Camera(s):	☐Yes	□No				
		iv.	Alarm system in building:	☐Yes	□No				
			1. If Yes, is it central station:	☐ Yes	□No				
		٧.	Do you have security or employees at the facility 24/7?	☐Yes	□No				
			If No, describe coverage:						
10.	Does any of your work involve employees working from ladders?								
	a.	If Y	es, describe the work involved including usual height and maximum ladder height:						
11.	Ala	rm s	ystem as a service:						
	Do you offer alarm systems as an ISP service?								
	a.	If Y	es, are you monitoring?	☐Yes	□No				
	b.	If N	lo, who is monitoring subcontracted to?						
		i.	Provide a copy of the monitoring service contract.						

Do	ou offer alarm systems as an ISP service?	\square Yes	□No
a.	If Yes, describe breach and how it was addressed:		
L		□ V	
b.	Have you corrected the systems security failure that resulted in the breach? nnas and Towers:	□ Yes	□No
		□ Yes	□No
a.	If Yes, # Antennas: # Towers:	_ 103	_1,40
b.	Briefly describe each including type, height, location(s) (if more than 4 include on separate sheet):		
	1		
	2.		
	3.		
	4.		
c.	If you own or lease towers are your employees responsible for installation and/or maintenance?	□ Yes	□No
	1. If Yes, explain job duties:		
	2. If No, who do you contract with for maintenance and installation of equipment?		
	Please provide copy of contract.		
d.	If you own stand-alone towers or antennas do you:		
	Have in place a quarterly self-inspection?	□Yes	□No
	Have structural analysis that meet the standards of ITA/EIA-222 (2005)?	□ Yes	□No

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