

Insured Name: _____

Effective Date: _____

1. Insured's operation: _____

2. Our insureds total estimated gross sales: \$ _____

a. Domestic: \$ _____

b. Foreign: \$ _____

3. Dependent Property/Contingent Business Income limit requested: \$ _____

4. Risk is classified as:

a. ☐ Information Technology

b. ☐ Electronics/Manufacturing

c. ☐ Telecommunications

5. Dependent property exposure is a result of dependency on:

a. ☐ Supplier/Subcontracted Manufacturer

b. ☐ Customer

c. ☐ Data Center Services Provided By Others

i. If Data Center

1. Is our insured's EDP/Servers co-located at dependent property? ☐ Yes ☐ No

2. Is our insured using shared/cloud hosted servers of others? ☐ Yes ☐ No

3. If combination provide breakdown: _____

6. Dependent Property Information:

a. Name of Dependent Property Entity:

1. _____

2. _____

b. Address of Dependent Property Entity:

1. _____

2. _____

c. What is COPE of dependent property?

i. Construction: _____

ii. Occupancy: _____

iii. Protection (private): _____

iv. Protection (public if known): _____

v. Exposure to other properties (if known): _____



- d. If dependent property is a customer what % of insured's sales are with this customer:
1. _____%
 2. _____%
- e. If Dependent Property Entity is a Supplier/Subcontracted Manufacturer:
1. Describe product or component provided/manufactured: _____

 2. Is completed equipment manufactured or supplied or only a component piece or pieces?

- f. If dependent property is an EDP server facility:
1. What is the name of the hosting/co-location entity? _____
 2. What is the address of the facility? _____
 3. Does facility have back-up generators and ability to remain operating for a period of greater than 48 hours? ☐ Yes ☐ No
 4. Does the hosting or co-location entity have multiple facilities that service can be routed through if a catastrophic loss occurs at any given facility? ☐ Yes ☐ No
 5. Is there a contract in place with the server facility guaranteeing on time service and back up facilities? ☐ Yes ☐ No
7. Contingency/Business Continuation Plans:
- a. Does our insured have a contingency plan in place? ☐ Yes ☐ No
 - i. If Yes, does this plan include alternative suppliers? ☐ Yes ☐ No
 - ii. Identify those suppliers: _____

 - b. Does insured supplier(s) have contingency plans in place? ☐ Yes ☐ No
 - c. Does insured have a contract in place with supplier? ☐ Yes ☐ No
 - d. Estimated time in months it would take supplier/subcontracted manufacturer to resume operations and provide product: _____
 - e. Supply of product—How many months supply of critical product from supplier does insured have on hand?
 - i. Average number of months: _____
 - ii. Maximum number of months: _____
 - iii. Minimum number of months: _____
 - f. If supplier provides critical components:
 - i. Are these components made to specifications of insured? ☐ Yes ☐ No
 - ii. Would these components be easily procured through other worldwide distributors? ☐ Yes ☐ No
 - g. Does supplier have a contingency plan in place? ☐ Yes ☐ No
8. Has there ever been a dependent property loss involving the current dependent properties? ☐ Yes ☐ No
- If Yes, explain: _____