



EXPOSURE/PREVENTION SUMMARY		For Loc #	Bldg #		
1. EXPOSURE	A. Is location subject to: mudslides, flooding or surface water	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	B. Is equipment located above ground floor	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>2. FIRE DETECTION AND SUPPRESSION SYSTEMS INCLUDE:</b>					
A. Automatic sprinkler system that	1. Was designed for current occupancy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. Covers entire building (excl. EDP area)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	3. Covers entire building (incl. EDP area)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	4. Is less than 30 years old	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
B. Automatic fire extinguishing system (using an agent like Halon or CO <sub>2</sub> )	1. In EDP room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. In Data Storage room/vault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Smoke/combustion detectors are:	1. In EDP Room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. In ventilation duct work	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	3. In data storage room/vault	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
D. Portable extinguishers (with Halon, CO <sub>2</sub> or similar) are within 50 ft. of equipment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>3. SECURITY INCLUDES:</b>					
A. Restricted access to EDP equipment/room and Data Storage area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
B. 24 hour/ 7 day week in operation/attended	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
C. UL approved, central station burglar alarm	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
D. Watchman making recorded rounds including EDP equipment area	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
<b>4. MEDIA/DATA (SOFTWARE)</b>					
A. Is stored in receptacles with <input type="checkbox"/> hour fire labels or <input type="checkbox"/> Unlabeled					
B. Data is	1. Backed up D = Daily, W = Weekly, M = Monthly	<input type="checkbox"/>			
	2. Stored in a separate building	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
C. Are anti-viral safeguards in effect	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
A. Is the separate room non-combustible	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
B. Is smoking permitted in EDP room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
C. Is EDP equipment controlled by a master shutdown switch	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
D. Is there an uninterrupted power source device	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
E. Is there a power surge device	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
F. Have electrical & plumbing systems been installed or updated in past 30 years	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
G. If computer has a raised floor:					
1. Floor is: C = Combustible NC = Non-combustible	<input type="checkbox"/>				
2. Describe below-floor protection, if any: <input type="checkbox"/>					
H. Separate ventilation system	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
I. An automatic shutdown switch for ventilation systems	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
J. Automatic dampers activated by heat/smoke/combustion detectors	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
K. Heat/smoke venting to outside	1. from EDP room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
	2. from storage room	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>6. IF TRANSIT COVERAGE IS REQUESTED...</b>					
A. Equipment is shipped by: COM = Common carrier, OV = Owned vehicle	<input type="checkbox"/>				
B. Media/data is shipped by: COM = Common carrier, OV = Owned vehicle	<input type="checkbox"/>				
<b>7. IF EXTRA EXPENSE OR BUSINESS INCOME COVERAGE IS REQUESTED...</b>					
A. In the event of total or major loss, could you return to operation in one week	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
B. Can your equipment manufacturer replace your equipment promptly	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
C. Is your equipment under manufacturer's warranty	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
D. Is there an equipment maintenance contract in place	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
E. Have definite substitute facilities been arranged in the event of shutdown	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
1. These facilities will provide <input type="checkbox"/> % of capacity needed to run programs for <input type="checkbox"/> days.					
F. Back up power source?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	

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