



The Hartford Steam Boiler Inspection and Insurance Company  
**REQUEST FOR HSB BACK.UP® Computer Systems Insurance/Quotation**

Date / /

INSURED'S NAME		PROPOSED EFFECTIVE DATE
INSURED'S MAILING ADDRESS		INSURED CONTACT NAME & NUMBER
AGENCY NAME	HSB PRODUCER CODE	AGENCY TELEPHONE NUMBER
AGENCY ADDRESS		AGENCY FAX NUMBER
NATURE OF BUSINESS OR OCCUPANCY		

**LOCATION INFORMATION**

Total number of locations: \_\_\_\_\_ For multiple locations, please fill out the following sections, (Location Information Equipment Type and Values), for each location.

Location Information: Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EQUIPMENT TYPE (Please check all that apply)**

- Micro (PCs)  Mini  Fax  Printers  Telecommunications (network)  Security Systems
- Telephones  Portable Equipment (please attach Portable Equipment list)
- Mainframe  HVAC  Equipment in Transit/Off Premises (e.g. trade shows)
- Any single piece of equipment of value over \$250,000 (please specify) \_\_\_\_\_
- Other \_\_\_\_\_

- |  | YES                   | NO                    |
|--|-----------------------|-----------------------|
| 1. Are there anti-theft devices in use?<br><i>If "YES", specify <input type="checkbox"/> Central <input type="checkbox"/> Local Alarm <input type="checkbox"/> Guard <input type="checkbox"/> Other</i>  | <input type="radio"/> | <input type="radio"/> |
| 2. Did the insured have any property losses in the last five years?<br><i>If "YES", please provide a list of amounts and causes.</i>   | <input type="radio"/> | <input type="radio"/> |
| 3. Does the insured have a disaster recovery plan?<br><i>If "YES" indicate last time executed. ___/___/___ Please attach copy of plan.</i>   | <input type="radio"/> | <input type="radio"/> |
| 4. Does the insured have an alternate facility if a disaster occurs?<br><i>If "YES", please explain and indicate name &amp; address of facility.</i>   | <input type="radio"/> | <input type="radio"/> |
| 5. Is data stored more than 100ft from the location?   | <input type="radio"/> | <input type="radio"/> |
| 6. How often is data backed up? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> > Monthly                                       |                       |                       |
| 7. Building Construction: <input type="checkbox"/> Fire Resistant <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Steel <input type="checkbox"/> Frame <input type="checkbox"/> Other |                       |                       |
| 8. Fire Suppression System Present: <input type="checkbox"/> Sprinkler Wet <input type="checkbox"/> Dry <input type="checkbox"/> Co2 <input type="checkbox"/> Halon <input type="checkbox"/> Other       |                       |                       |
| 9. Within the facility, where is the equipment located? <input type="checkbox"/> Below ground level <input type="checkbox"/> First Fl <input type="checkbox"/> 2nd Fl/above                              |                       |                       |

**VALUES (Use 100% values)**

Data Processing Equipment	Data & Media	100% Estimated Extra Expense Value*	Requested Deductible
\$ _____	\$ _____	\$ _____	\$ _____

\*Extra Expense represents the additional costs incurred after a loss to maintain data processing capability.

**Agent To Complete Before Coverage Can Be Bound**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and denial of insurance benefits. **Producer's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_