



EXPOSURE/PREVENTION SUMMARY	For Loc # <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>	Bldg # <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>		
<b>1. EXPOSURE</b>	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 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> hour fire labels or <span style="border: 1px solid black; display: inline-block; width: 15px; height: 15px;"></span> 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	
<b>5. IF SEPARATE COMPUTER ROOM, answer the following:</b>				
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: <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>				
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 <span style="border: 1px solid black; display: inline-block; width: 20px; height: 15px;"></span> % of capacity needed to run programs for _____ days.	<input type="checkbox"/>			
F. Back up power source? _____	<input type="checkbox"/>	Yes	<input type="checkbox"/> No	