



## TECHNOLOGY PROPERTY PROTECTION SUPPLEMENTAL APPLICATION

Please complete the ACORD Applications in addition to the information requested on this supplemental application:

Commercial Insurance Application -- Form 125-S

Property Section -- Form 140-S

Name of Applicant	Annual Sales \$	Year
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Agent \_\_\_\_\_

Reporting Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Premium Payment <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other
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### BUSINESS PERSONAL PROPERTY

Valuation option: Business Personal Property Finished Stock –selling Price  Yes  No

Do any of the values to be insured include precious metals? .....  Yes  No  
*(If yes, indicate locations involved, average maximum values and protection provided on the ACORD Application)*

### PROPERTY OF OTHERS

Does the applicant have in their care and custody any property belonging to others, such as merchandise on consignment, storage, repair or servicing, etc.?  Yes  No

### PROPERTY ON PREMISES OF OTHERS

- a. Any property in the hands of processors? .....  Yes  No
- b. Any property out on consignment or approval? .....  Yes  No
- c. Any property rented or leased to others? *(If yes, submit copy of agreement)* .....  Yes  No
- d. Any dies, patterns, molds, etc. on premises of others? .....  Yes  No

Item Above	Location Address	Value

### EXHIBITIONS

Approximate number per year: \_\_\_\_\_ Average Value: \_\_\_\_\_ Maximum Value \_\_\_\_\_  
 Average number of days (each exhibit): \_\_\_\_\_  
 Type of locations \_\_\_\_\_

### INSTALLATION

Does applicant install products for customers? .....  Yes  No  
 Describe all hoisting or other operations requiring rigging \_\_\_\_\_

Type	Annual # jobs	Average Duration Time in Days	Average Job Value	Maximum Job Value	Gross Receipts
Residential					
Commercial					

**NON-LOCATION PROPERTY**

List equipment such as cameras, film and related equipment, tools, repair equipment, salesperson's samples and similar equipment in the hands of sales personnel or field representatives:

Description	Value

**TRANSPORTATION**

- Does applicant obtain MVR verification for drivers? .....  Yes  No
- Any waterborne shipments to be covered?.....  Yes  No
- Are vehicles equipped with theft alarms? .....  Yes  No
- Are vehicles left unlocked when unattended?.....  Yes  No
- Are vehicles left loaded overnight?.....  Yes  No
- Does applicant back haul property of others?.....  Yes  No

*Please comment on any "yes" answers*

Conveyance Used	Annual Values Shipped At Applicant's Risk			Average Value	Limit of Liability	Bill of Lading	
	Incoming	Outgoing	Interplant			Full Value	Released Value
Contract Carrier	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Common Carrier	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Rail	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Air Carrier	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Owned Vehicles	\$	\$	\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Total	\$	\$	\$	\$	\$		\$

# Trucks Operated	# Tractors Operated	# Trailers Operated	# Tank Trucks Operated	# Refrigerator Units Operated

**ADDITIONAL BENEFITS**

The Travelers Technology Premier Property Protection provides the following additional benefits. If you desire higher limits than those indicated, please indicate the desired amount.

<b>Additional Benefit</b>	<b>Limit Included</b>	<b>Limit Desired***</b>
Accounts Receivable	50,000	\$ _____
Catastrophe Allowance	10,000	\$ _____
Deferred Payments	25,000	\$ _____
Depositors Forgery*	25,000	\$ _____
Employee Theft*	10,000	\$ _____
Endangered Property	10,000	\$ _____
Extra Expense	25,000	\$ _____
Fine Arts**	25,000	\$ _____
Inventory and Appraisals	25,000	\$ _____
Lost Key	25,000	\$ _____
Money and Securities *		
Inside limit	20,000	\$ _____
Outside limit	10,000	\$ _____
Money Orders and Counterfeit Currency *	25,000	\$ _____
Newly Acquired Property		
Building limit	2,000,000	\$ _____
Business Personal Property Limit	1,000,000	\$ _____
Off Premises Utility Failure	50,000	\$ _____
Outdoor Property	25,000	\$ _____
Personal Belongings	25,000	\$ _____
Pollution Clean Up and Removal	25,000	\$ _____
Property in Transit	25,000	\$ _____
Property in Transit – Worldwide extension	25,000	\$ _____
Radioactive Contamination	25,000	\$ _____
Random Attack ***	10,000	N/A
Rewards	25,000	\$ _____
Spoilage	100,000	\$ _____
Unscheduled Locations ****	25,000	\$ _____
Valuable Records Research	50,000	\$ _____
Voluntary Surrender	25,000	\$ _____

\* Please complete ACORD Application - Crime Section -- Form 141

\*\* Please attach schedule of items if increased limit desired

\*\*\* Limit increase is not available

\*\*\*\* Please provide a brief explanation of why increased limit is necessary:

\*\*\*\* Please indicate any prior losses as well as protection/mitigation efforts:

**WORLD WIDE COVERAGE EXTENSIONS**

Do you need world wide coverage for the following additional benefit?

Personal Belongings.....  Yes  No

(If yes, please detail the extent of travel and countries involved)

**OPTIONAL COVERAGES**

**Flood Coverage** (complete if coverage is requested)

Location	NFIP Flood Zone	Deductible	Limit

Nearest body of water? \_\_\_\_\_

Finished floor elevation? \_\_\_\_\_

Property stored in basement?.....  Yes  No

Is basement properly drained? .....  Yes  No

Is stock/property skidded? .....  Yes  No

Is the basement protected with an electric sump pump? .....  Yes  No

Is sump pump provided with backup electric supply? .....  Yes  No

Describe any prior losses:

**(A) Earthquake  (B) Earth Movement  (C) Earthquake Sprinkler Leakage**

(complete this section if any or all of the above coverage is desired)

Location (including ZIP code)	Year Built	Deductible	Limit Indicate separate limits for each coverage selected
			A: B: C:
			A: B: C:
			A: B: C:
			A: B: C:

If coverage C (sprinkler leakage) please provide detailed information on pipe bracing and earthquake resistance

Describe ALL prior losses for coverage A, B, or C :

What repairs have been made to property since loss occurred? I.e. structural engineer report, foundation cracking investigated and repaired, sprinkler piping braced to meet current building code, shelving anchored etc. \_\_\_\_\_

**BOILER & MACHINERY**

Delete Boiler exclusion? .....  Yes  No

**BLANKET EARNINGS & EXPENSE** (complete if coverage is requested)

Indicate the inventory valuation method used by your company:

- First-in, First out (FIFO)     Last-in, First out (LIFO)     Specific Identification Method     Average Cost Method     Other (specify)

Does any location provide a key item or process? .....  Yes  No

If yes, please describe the extent of inter-dependency between locations or operations:

Is the business subject to seasonal fluctuations? .....  Yes  No

If yes, please describe:

Total Annual Earnings (all locations) \$	Policy Limit Requested: \$	Ordinary Payroll: \$ <input type="checkbox"/> Include <input type="checkbox"/> Exclude	Deductible: \$ Hours _____ Business Days _____
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**ADDITIONAL BENEFITS**

The Blanket Earnings & Expense form provides the following additional benefits. If you desire higher limits than those indicated, please indicate the desired amount.

Additional Benefit	Limit Included	Limit Desired*
Contract penalties	\$ 25,000	\$
Inventory and appraisals	25,000	\$
Off premises utility services	25,000	\$
Pollution clean-up and removal	25,000	\$
Property in transit	25,000	\$
Radioactive contamination	25,000	\$

\* Please provide a brief explanation of why increased limit is necessary:

\* Please indicate any prior losses as well as protection/mitigation efforts:

## Blanket Earnings and Expense Worksheet

	Example	Loc. #1	Loc. #2	Loc. #3
<p><b>NET ANNUAL SALES</b> - The net annual sales are the gross sales - <b>less:</b> discounts, returns, allowances, bad debt and prepaid freight - <b>plus:</b> other earnings from your business operations such as rents, commissions, interest or service fees.</p> <p>If you are a manufacturer, you must also add or subtract the change in your finished goods inventory during the year. If your inventory has increased, add the amount of the increase. If your inventory has decreased, subtract the amount of the decrease.</p>	\$ 8,000,000			
<p><b>COST OF GOODS SOLD - DEDUCT</b> the cost of non-continuing outside services and the cost of (1) raw stock used in production, (2) materials directly consumed in production and (3) merchandise sold including packaging materials.</p>	- 2,000,000			
<p><b>TOTAL ANNUAL EARNINGS</b> - The Net Annual Sales minus Cost of Goods Sold equals Total Annual Earnings.</p>	= 6,000,000			
<p><b>REBUILD TIME</b> - The Total Annual Earnings must be adjusted to reflect the anticipated time it would take to repair or replace property destroyed by a serious loss: 6 months = .50; 9 months = .75; 12 months = 1.00. The factor should also reflect seasonal fluctuations in your business.</p>	x .75  (9 Months)			
<p><b>EARNINGS EXPOSURE</b> - The Rebuild Time multiplied by the Total Annual Earnings equals Earnings Exposure.</p>	= 4,500,000			
<p><b>EXTRA EXPENSE EXPOSURE</b> - Enter the anticipated amount needed to pay the increased expenses over normal expenses to keep an interrupted business in operation. Consider such items as increased rent, advertising costs, moving expenses, additional salaries, increased utilities, computer equipment rental and data reproduction.</p>	+ 500,000			
<p><b>EXTENDED EARNINGS EXPOSURE</b> - Enter the anticipated amount of reduced earnings that might be expected during the twelve months after you are able to resume normal business operations.</p>	+ 750,000			
<p><b>LOCATION EXPOSURE</b> - This is the sum of the Earnings Exposure, Extra Expense Exposure and the Extended Earnings Exposure.</p>	= 5,750,000			
<p><b>SQUARE FEET</b> - (If more than one location)</p>	-----			

**FLORIDA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KENTUCKY:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

For all other applicable state fraud warnings, please see the main application.

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**Applicant's Signature**

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**Date**