



Wireless Telephone System Application

Complete a separate application for each system

SYSTEM INFORMATION

Name of Applicant: _____
 Mailing Address of Applicant: _____
 Name of Inspection Contact: _____
 Telephone Number of Inspection Contact: _____
 Previous Policy Number: _____ Insurer: _____
 Desired Effective Date: _____

ADDRESSES OF COVERED LOCATIONS

BUILDING CONSTRUCTION

A. Control Center: _____

B. Cell Sites: _____

| (Attach Schedule if additional locations) | BLDG. CONST. | BLDG. CONST. |
|---|--------------|--------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |

C. Other Covered Locations: _____

LIMITS AND DEDUCTIBLES DESIRED:

Direct damage to covered property of the system described above:

| LIMITS | | DEDUCTIBLE |
|----------|---|------------|
| \$ _____ | Direct Damage (except for perils indicated below) | \$ _____ |
| \$ _____ | In transit in or on any one conveyance | |

Optional Coverages

\$ _____ Flood Limited Form Include Surface Water Broad Form
 \$ _____ Earthquake and Volcanic Eruption

Equipment Breakdown Coverage

Blanket Business Income and Extra Expenses of the system described above:

LIMIT PER MONTH \$ _____ TOTAL LIMIT \$ _____ BUSINESS INCOME WAITING PERIOD (Minimum 3) _____ Days

Off Premises Power and Communication Interruption Coverage

STATEMENT OF VALUES - PRESENT REPLACEMENT COST NEW:

| | System | Tower & Antenna | Equipment Shelter or Incidental | Furniture Fixtures | Improvements & Betterments | All Other Insured Business |
|---------------------------|----------|-----------------|---------------------------------|--------------------|----------------------------|----------------------------|
| A. Control Center | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| B. Cell Sites | | | | | | |
| 1 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 2 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 3 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 4 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 5 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 6 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 7 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| 8 | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| C Other Covered Locations | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

BLANKET INCOME AND EXTRA EXPENSE COVERAGE:

If Limits were shown for Business Income and Extra Expenses, completing the following may assist you to Insurance; establish adequate Limits of Insurance. It is the Insured's responsibility to establish adequate Limits of completing this worksheet does not relieve you of the responsibility. Refer to coverage form for applicable provisions.

- a. Actual business income past 12 months \$
- b. Anticipated business income next 12 months \$
- c. Divide (b) by 12 for monthly average \$
- d. Estimated monthly amount of extra expenses to continue normal operations \$
- e. Total of (c) plus (d) \$
- f. Estimated number of months business income would be curtailed or extra expenses incurred following a major loss (minimum three)
- g. Multiply (e) times (f) for total limit \$

CONTROL CENTER:

Is Control Equipment in separate Fire Resistive Room? Yes No

Entry Restricted to Authorized Personnel? Yes No

Manned 24 Hours, 7 Days a Week? Yes No

Is Location Subject to:

Flooding? Yes No

Surface Waters? Yes No

Mudslide? Yes No

Location of Equipment Basement Ground Floor Floor

Automatic Sprinkler System Yes No

In Room Only Entire Building

Other Protective Safeguards (Halon, Automatic Fire and Smoke Alarms, Watchman Service - Describe):

Power Source Lines Underground Overhead

Standby Power Supply Generator Batteries

Describe Power Surge or Lightning Arrestors.

CELL SITES:

Fenced: Yes No

Any Location Subject to:

Flooding? Yes No

Surface Waters? Yes No

Mudslide? Yes No

Other Protective Safeguards (Describe Fire Suppression Systems, Burglar and Fire Alarms, Monitoring Devices - Identify Location):

| Describe Losses (Direct Damage and Income or Expenses) For the Past Three Years | | | |
|---|----------------------|----------------------|---|
| Date | Amount Paid | Deductible | Location, Type, and Cause of Loss/Steps Taken to Prevent Recurrence |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO FRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

Applicant's Signature: **Date:**

Agent's or Broker's Name:

Agent's or Broker's Address: