



ACCOUNTS RECEIVABLE APPLICATION

1. Applicant: _____
2. Risk Location: _____
3. Alarm a/o security details: _____
4. Please advise if records are kept in a safe or vault or other receptacle and provide manufacturers name:

5. Construction classification, which represents the extent of the fire protection for the safe or vault from the fire label:

6. Combination Locks? _____ Door Thickness: _____ Wall Thickness: _____
7. Is the safe or vault UL (Underwriters Laboratories) or SMNA (Safe Manufacturers National Assoc.) rated?

8. Are duplicate accounts receivable records kept? _____
9. Please provide location and construction details on where the duplicate records are kept: _____

10. Please provide alarm / security details on the storage location: _____
11. Indicate what percent of all Accounts Receivable have duplicate records: _____
12. Indicate the number of months all duplicate records are maintained: _____
13. How often does the insured duplicate the accounts receivable records: _____
14. How easily could the records be re-established / re-constructed? _____
15. Does the insured have a disaster recovery plan, which outlines how they would recover accounts receivables among other business interruption sensitive documents?

16. Does the insured have fire walls or other security means to prevent incursion by hackers, viruses, explosion, terrorism etc. (computer system integrity):

Insured's Signature

Date

Position in the Company