



DEPARTMENT OF MANAGEMENT
SERVICES

4050 Esplanade Way • Tallahassee, Florida 32399-0950


LAWTON CHILES, GOVERNOR

WILLIAM H. LINDNER, SECRETARY

November 19, 1997

MEMORANDUM NO.: 10 (97-98)

TO: State Agency Insurance Coordinator Addressed
State Department and University Purchasing Office Addressed

FROM:  George C. Banks, CPPO
Director, Division of Purchasing

SUBJECT: Electronic Data Processing Insurance

We are pleased to announce a *new* insurance product now available. We have secured a final rate for the Electronic Data Processing coverage. This coverage will provide All Risk, Replacement Cost coverage for Electronic Data Processing Equipment, Software and Multimedia Equipment. This coverage will include the transit exposure at no additional premium.

Attached please find the Application providing the conditions and rate for this policy. Please complete the bottom portion of the Application with your Agency's or University's indication for coverage and return the entire Application to our office prior to December 15, 1997.

Understand that the rate provided was based on your survey responses. If we do not have a large amount of participation under this policy, we will not be able to secure this rate.

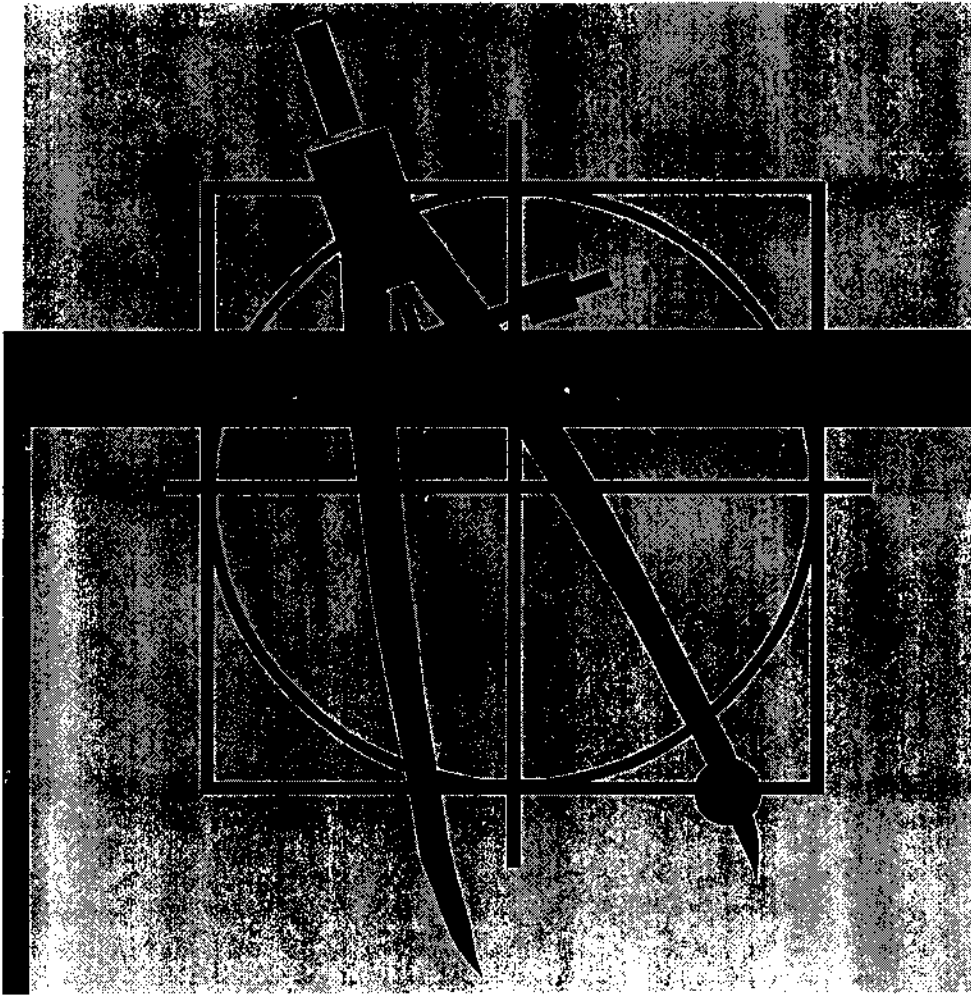
We are planing a workshop in January for this coverage. Detail about the workshop will be provided in a later Memorandum. The workshop will explain the policy conditions and exclusions in detail.

As always, if you have any questions, please do not hesitate to call Theresa Dollar at 488-7516 or Suncom 278-7516.

GCB/td

Electronic Data Processing

Insurance Application



Electronic Data Processing Equipment,
Software and Multimedia Equipment

All Risk Coverage, Replacement Cost
including tranist coverage.

Loss Limit: \$100,000,000.00

Rate: .065/\$100 of values
insured.

Deductible: \$500.00 each occur
rence for claims
\$10,000 and under.

\$2,500 each occur
rence for claims over
\$10,000.

Each Agency or University will report a
single limit of insurance, however it will
be necessary to keep an itemized schedle
of property insured.

No, we do not want coverage.

Yes, we want coverage.

Limit of Insurance Requested:

\$ _____

Mail To:

Dept. of Mgmt. Services
State Purchasing
4050 Esplanade Way, Suite 315
Tallahassee, FL 32399

Agency/Univeristy Name: _____

Individual Name: _____

Address: _____

City: _____

State/Province: _____

ZIP/Postal Code: _____

Phone: _____