TELEVERGE MANAGED SERVICES QUESTIONNAIRE

Name _____ Date _____

Company Name _____ Phone _____

Please check all that you are interested in and complete the appropriate sections shown below:

☐ A. High Speed Wide Area Network Management
☐ B. Equipment and Systems Maintenance
☐ C. Voice Over IP Business Telephony Services
☐ D. Server Hosting and Administration

SECTION A: High Speed Wide Area Network Management

1. For High Speed Wide Area Network please check all that apply:

☐ A. This is an existing network for which I want Televerge, Inc. to take over management
☐ B. This is a new network conversion from dial-up to persistent
☐ C. This is a new network to replace my current network
☐ D Other please specify _____

2. For High Speed Wide Area Network Protocol please check all that you are interested in:

☐ A. Frame Relay
☐ B. Internet IP VPN
☐ C. MPLS
☐ D. Point to Point
☐ E. Any cost effective network type that provides a reliable and secure means of communicating
☐ F. Other please specify _____

3. For High Speed Wide Area Network Local Loop Access please check all that you are interested in:

☐ A. xDSL
☐ B. Cable
☐ C. Satellite
☐ D. Fixed Wireless
☐ E. EVDO
☐ F. T1
☐ G. Any combination of the above enables 100% coverage for my sites
☐ H. Other please specify _____

4. For High Speed Wide Area Network IP Addressing Method please check all that you are interested in:

☐ A. Static IP
☐ B. DHCP
☐ C. Any method that provides the ability to proactively monitor my network end points

5. For High Speed Wide Area Network System Redundancy please check all that you are interested in:

☐ A. Hardware/Software
☐ B. Power
☐ C. Circuit – Full Redundancy
☐ D. Circuit – Automatic Dial Back Up
☐ E. Other please specify _____
☐ E. None Required

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6. For High Speed Wide Area Network Bandwidth Minimums please check all that you are interested in:
☐ A. Downstream please specify ☐ 144kbps ☐ 384kbps ☐ >384kbps
☐ B. Upstream please specify ☐ 144kbps ☐ 384kbps ☐ >384kbps
☐ C. Best effort above 144kbps bidirectional

7. For High Speed Wide Area Network Systems Procurement please check all that you are interested in:
☐ A. I want Televerge, Inc. to purchase and amortize into my monthly charge
☐ B. I want Televerge, Inc. to purchase and resell to me at the start of the term
☐ C. I will buy from a third party and ship to Televerge, Inc.
☐ D. I want Televerge, Inc. to recommend a network design
☐ E. I want to design the network
☐ F. Other please specify _____

8. For High Speed Wide Area Network Proactive Monitoring please check all that you are interested in:
☐ A. ICMP
☐ B. SNMP
☐ C. Other please specify _____

9. For High Speed Wide Area Network Support please check all that you are interested in:
☐ A. Onsite Field Installation Services
☐ B. Onsite Field Repair Services Same Day
☐ C. Onsite Field Repair Services Next Day
☐ D. Level 1 Help Desk End User Support
☐ E. Level 1 Help Desk Client IT Staff Support
☐ F. Time to restore <4 hours
☐ G. Time to restore 4 hours but no more than 1 day
☐ H. Time to restore no more than 2 days
☐ I. Service Level Guarantees
☐ J. Other please specify _____

10. High Speed Wide Area Network Enabled Services please check all that you are interested in:
☐ A. Dry "POTS" required for xDSL services
☐ B. Hosted 800 Services (please complete section C below)
☐ C. Hosted VoIP Services (please complete section C below)
☐ D. Hosted Email
☐ E. Long Distance/Local Toll/Enhanced Calling Services (please complete section C below)
☐ F. Server Hosting (please complete section D below)
☐ G. Centralized Firewall Services
☐ H. Hosted URL Filtering and Access Control
☐ I. Anti-Virus/Anti-Spam Software Administration
☐ F. Other please specify _____

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SECTION B. Equipment and Systems Maintenance

1. For Equipment and Systems Maintenance Depot please check all that you are interested in or that apply:

☐ A. Depot Sparing for Next Day Onsite Arrival
☐ B. Depot Sparing for Same Day Onsite Arrival for critical devices only
☐ C. Equipment Exchange upon Receipt of the Failed Device
☐ D. Equipment Advanced Exchange upon Receipt of Request
☐ E. I want Televerge, Inc. to hold title to spares placed in their depot(s)
☐ F. I will hold title to spares placed in their depot(s)
☐ G. I will transfer all required spares to Televerge, Inc. at the outset of the term
☐ H. When a device without a mfg warranty is deemed non-repairable I want Televerge, Inc. to replace it and bill me for it
☐ I. When a device without a mfg warranty is deemed non-repairable I want Televerge, Inc. to inform me and I will ship them a replacement
☐ J. Module Level Bench Repair and Spare Parts Procurement and Management
☐ K. When a device without a mfg warranty is deemed non-repairable I want Televerge, Inc. to use it for spare parts
☐ L. When a device without a mfg warranty is deemed non-repairable and has no spare parts value I want it dispose of according to DOD and EPA electronic waste guidelines
☐ M. Asset Tracking
☐ N. I want Televerge, Inc. to pay all freight and bill me
☐ O. I want Televerge, Inc. to pay all freight on my freight account(s)
☐ P. Spare System Software Configuration
☐ Q. Third Party Warranty Management
☐ R. I know my historic failure rates that required a visit, part or end item exchange over the last 24 months by system or I am willing to make an assumption on which Televerge, Inc. can base its annual maintenance charge.
☐ S. Percentage of Devices Currently (and Will Remain as Such during term) Under Mfg Warranty:
☐ 100% ☐ 50-100% ☐ <50% ☐ 0%
☐ T. Coverage for cabling infrastructure
☐ U. Coverage time (Time Window) _____(Days of Week) _____
☐ V. Other please specify _____

2. For Equipment and Systems Maintenance Support please check all that you are interested in:

☐ A. Onsite Field Installation Services
☐ B. Onsite Field Repair Services Same Day
☐ C. Onsite Field Repair Services Next Day
☐ D. Level 1 Help Desk Desk side Support
☐ E. Level 1 Help Desk Client IT Staff Support
☐ F. Time to restore <4 hours
☐ G. Time to restore 4 hours but no more than 1 day
☐ H. Time to restore no more than 2 days
☐ I. Service Level Guarantees
☐ J. Other please specify _____

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SECTION C. Voice Over IP Business Telephony Services

1. Do you have an existing PBX or KSU at each location that you would like to reuse?
☐ PBX Mfg _____Model # _____
☐ KSU Mfg _____Model # _____
☐ None

2. Do you have handsets at each location that you would like to reuse?
☐ Handset Type A Mfg _____Model # _____Qty/Site _____
☐ Handset Type B Mfg _____Model # _____Qty/Site _____
☐ Handset Type C Mfg _____Model # _____Qty/Site _____
☐ None

3. Do you have a main toll free or local telephone number that you use for all locations?
☐ Yes # _____
☐ No

4. Do you want this number ported?
☐ Yes
☐ No

5. Do you have a main toll free or local telephone number that you use in a hunt group at each location?
☐ Yes (Please provide list by location on a separate sheet)
☐ No

6. Do you want these numbers ported?
☐ Yes
☐ No
☐ Exceptions _____

7. Do you want unlisted numbers ported?
☐ Yes
☐ No
☐ Exceptions _____

8. Please provide a copy of the telephone bill for each location with full address and numbers.
☐ Yes I have a copy for each site and will provide separately

9. How many dedicated fax and/or alarm lines do you have at each location?
☐ Quantity per site _____
☐ None or not requesting support on these lines
☐ Exceptions _____

10. What is the internal and external IP structure in order for us to properly set up the voice gateway?
☐ Internal IP structure _____
☐ External IP structure _____
☐ Exceptions _____

11. If you answered "None" to number 1 above, please check features that you require:
☐ E911
☐ DID
☐ Toll Free Main Number
☐ Voicemail
☐ Caller ID
☐ Call Park/Pickup
☐ Call Transfer
☐ Extension dialing
☐ Intercom
☐ Music-on-Hold
☐ Auto-attendant
☐ Hunt Group network-wide
☐ Hunt Group by site
☐ ACD Queue
☐ Extra Voicemail Extensions
☐ Other, please specify _____

SECTION D. Server Hosting and Administration

1. Server Hosting services please check all that you are interested in:
☐ A. Operating System Software Revisions/Patch
☐ B. Event Log Monitoring
☐ C. Drive Space Monitoring
☐ D. Log File Maintenance
☐ E. Back-up Monitoring and Administration
☐ F. User Account Administration
☐ G. Security Policy Administration
☐ H. Anti-Virus/Anti-Spam Software Administration
☐ I. System Software Configuration
☐ J. PCI Section 10.2-10.7 Event Log Monitor and Archive
☐ K. PCI Section 11.1 Event Log Monitor and Archive
☐ L. Other please specify _____

Clicking the Submit Button will generate an email addressed to 'info@televerge.com' with a completed form attached . You may add other email addresses, including your own, if you would like to keep a copy. We will get back to you within 1 business day to review your request. Thank you for your interest!

SUBMIT