

## Privacy & Security Indication Questionnaire

Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Business Type (Corporation, LLC, Partnership, Individual, Other)	Year Established:	Number of Employees Total:	Web Address:

Please detail all name changes, mergers and/or acquisitions in the last five years. \_\_\_\_\_  
 \*Details of any additional entities to be covered (with revenues) should be attached

Total Gross Revenues Prior Year \$ \_\_\_\_\_ Coming Year (Estimate) \$ \_\_\_\_\_ Business-to-Business % \_\_\_\_\_

Business-to-Customer % \_\_\_\_\_ Website Derived % \_\_\_\_\_

Has the applicant ever pursued or been declined for Privacy/Security coverage? \_\_\_\_\_ Details \_\_\_\_\_

## Operations and Information Handling

Please describe your operations and the types of confidential information handled (include electronic, paper, and employee records) \_\_\_\_\_  
 Please estimate the # of individual confidential records maintained and describe calculation method. (To include any legally protected non-public information) \_\_\_\_\_

## Risk Management

Do you have staff specifically responsible for Network Security?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Password Management?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have staff specifically responsible for Privacy Compliance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Encryption?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have a written Privacy Policy? (internal & online)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, describe		
Network Security Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are Wireless Access Points (WAPs) secured?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Laptop Use Policy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Timely and Pre-Tested Software Patching?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Breach Incident Response Plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do your contracts with 3rd-party service providers address information security?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Business Continuity/Disaster Recover Plan?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you had 3 <sup>rd</sup> -party: Network Security Assessments (network intrusion testing)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you employ Firewall Technology?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Privacy Compliance Audits within last year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Antivirus Software?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you identified and are you compliant with all applicable privacy regulations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
System/Information Backups?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	(Payment Card Industry (PCI), HIPAA, GLB, State Notification Laws, etc)		

## Incident History

During the past five years: Have you had any privacy breach incidents or complaints?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have any suits or regulatory proceedings been brought against you?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have any of these incidents been reported to an insurance carrier?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Is any party seeking coverage aware of any fact or circumstance that could lead to a loss?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Please attach details for any "yes" answers

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. \_\_\_\_\_ YES  NO

\_\_\_\_\_  
Signature Title Date