

e-MD™ Supplemental Application

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

The Insurer agrees to use all information provided in this Supplemental Application solely in connection with the proposed insurance.

If a material change occurs to any of the answers given below prior to the inception of any insurance, the Applicant must notify the insurer, and at the sole discretion of the insurer, any outstanding quotations may be modified or withdrawn.

The particulars, representations and statements contained in this Supplemental Application and any other information submitted are the basis for the proposed insurance and will be considered as incorporated into and constituting part of the proposed certificate and/or policy.

The Applicant is required to make internal inquiry before completing this Supplemental Application. This Application must be completed in type or ink by the Applicant. All questions must be answered for a quotation to be given. If more space is needed, please continue your answers on a separate sheet and attach it to this form.

“You” and “your” as used in this Supplemental Application shall mean the Applicant.

The completion and signing of this Supplemental Application does not bind the Applicant or the insurer to a policy or certificate of insurance.

SECTION I. GENERAL INFORMATION

1. Name of Applicant: _____

Principal Address: _____

Telephone Number: () _____ Fax Number: () _____

Email address: _____

Corporate Website Address: _____

2. Nature of Business: _____

3. Number of Physicians (if applicable): _____ Specialty: _____

4. Gross Revenue estimate for coming year: \$ _____

5. Please provide a list of subsidiaries and entities owned by the Applicant. Please describe the nature of business of each such subsidiary or entity, its relationship to the Applicant, and the percentage of ownership by the Applicant.

SECTION II. NETWORK SECURITY AND PRIVACY CONTROLS

6. Does your company use anti-virus software and firewall protection on all desktops, portable devices and mission critical servers? YES NO

If you answered “YES” to question 6, is it updated in accordance with the software provider’s recommendations? YES NO

7. Do you enforce a software update process that includes monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing and installing critical security patches? YES NO
- If you answered "YES" to question 7, how frequently is this done?
 Weekly Within 30 days More than 30 days
8. Do you process, store, or handle credit card transactions? YES NO
- If you answered "YES" to question 8, are you PCI-DSS compliant? YES NO
9. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? YES NO
- If you answered "NO" to question 8, are the following compensating controls in place?
- a) Segregation of servers that store confidential information? YES NO
- b) Access control with role-based assignments? YES NO
10. If your organization stores personal information on portable devices, including laptops, cell phones, PDAs, back-up tapes, USB thumb drives and external hard drives, is such data encrypted to industry standards? YES NO
- If you do not store personal information on portable devices, check here**
11. Please estimate the total number of customer/patient and employee records you store either electronically or in physical files: _____
12. Do you enforce privacy and security policies that must be followed by all employees, contractors, or other individuals or organizations with access to your patients' information? YES NO
13. Do your privacy and security policies include mandatory training for all employees? YES NO

SECTION III. LOSS HISTORY

After internal inquiry, have you or any member of your staff ever:

14. Experienced any incidents and/or received any complaints or claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or your customer's ability to rely on your network? YES NO
15. In the last five (5) years, been aware of any security breaches, privacy breaches, privacy-related incidents or allegations of breach of privacy? YES NO

If you answered "YES" to question 13 or 14 above, please explain each answer on a separate sheet of paper.

I understand that the information submitted herein becomes a part of my Application, and in the event that coverage is bound, is subject to the same warranty and conditions.

Authorized Signature (Must be signed by the Applicant's President, CEO or COO): _____

Printed Name of Signor: _____

Title of Signor: _____

Date: _____