

## SUPPLEMENTAL PRIVACY & INFORMATION SECURITY LIABILITY APPLICATION

**This is an application for a Claims Made policy. Please read the entire policy carefully.**

1. Name of Applicant: \_\_\_\_\_
2. Does the Applicant have a written corporate-wide privacy/information security policy?      Yes\_\_\_\_ No\_\_\_\_  
If yes, please attach a copy.
3. Please provide details of the volumes of personally identifiable information which is handled, processed or stored by the Applicant:

Type of information	Number of records stored or processed annually	Encryption capabilities (YES / NO)			
		At rest	In transit	In mobile devices	Back up tapes
Social security numbers, government ID or driver license information					
Financial information (e.g. banking information)					
Payment card data					
Personal health information					
Other (please specify):					

4. How often are the Applicant's privacy/information security policies reviewed and updated? \_\_\_\_\_  
\_\_\_\_\_
5. Has the Applicant's privacy/information security policies been reviewed by a qualified attorney? Yes\_\_\_\_ No\_\_\_\_
6. Does the Applicant employ a chief privacy/information security officer?      Yes\_\_\_\_      No\_\_\_\_  
If no, what position is responsible for management of, and compliance with the Applicant's privacy/information security policies? \_\_\_\_\_
7. Within the past two (2) years has the Applicant completed any internal or external privacy/information security audit or received any privacy/information security certification?      Yes\_\_\_\_      No\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Does the Applicant have a document retention and destruction policy?      Yes\_\_\_\_      No\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
9. Does the Applicant restrict access to private consumer information or customer files to employees on a business-need to know basis?      Yes\_\_\_\_      No\_\_\_\_  
If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

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10. Does the Applicant provide training for employees on privacy and information security issues?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

11. Does the Applicant's contracts with vendors or others with whom it shares personally identifiable information require the other party to defend and indemnify the Applicant for legal liability of the vendor or other party?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

12. Does any Applicant, director, officer, employee or other proposed Insured have knowledge or information of any fact, circumstance, situation, event, or issue which may give rise to a Claim against any Insured for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of any privacy related statute or regulation?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

13. During the past three (3) years, has anyone made any Claim against the Applicant for invasion of or interference with any right of privacy, wrongful disclosure of personal information, or violation of of any privacy related statute or regulation?  
Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND INFORMATION SUBMITTED HEREIN BECOMES A PART OF MY INSURANCE AGENTS AND BROKERS PROFESSIONAL LAIBILITY APPLICATION AND IS SUBJECT TO THE SAME REPRESENTATION AND CONDITIONS.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_