



# Navigators

One Penn Plaza – 55<sup>th</sup> Floor  
New York, NY 10119

## Cyber Privacy InNAVation(sm)

### SUPPLEMENTAL Cyber Privacy LAYWERS PROFESSIONAL LIABILITY INSURANCE APPLICATION

Firm: \_\_\_\_\_

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

1. Does your firm employ a full time Information Technology Officer? ( )Yes ( )No
2. Do you contract with a third-party service providers for your Information Technology needs? ( )Yes ( )No  
  
If yes, do you have a contract which include an indemnity provisions that protect the firm from any liability arising out of their loss of Personal Information? ( )Yes ( )No
3. Is firewall technology used at all Internet points-of-presence to prevent unauthorized access to internal networks? ( )Yes ( )No
4. Does your company use antivirus software on all desktops, portable computers and mission critical servers? ( )Yes ( )No
5. Are formal processes in place to ensure that network privileges are revoked in a timely manner following an employee's termination or resignation? ( )Yes ( )No
6. Have you ensured that all sensitive business/consumer information that resides within your organization's systems has been encrypted or is password protected? ( )Yes ( )No
7. For computer equipment that leaves your physical facilities (e.g., mobile laptops, PDAs, BlackBerrys, and home-based desktops), are they password protected? ( )Yes ( )No,  
*Is firm able to disable device if lost or stolen?* ( )Yes ( )No
8. Has the firm ever sustained a systems intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? ( )Yes ( )No, *if yes please attach explanation.*
9. Has firm ever experienced any Privacy related claims? . ( )Yes ( )No , *if yes please attach explanation.*
10. Is the firm or any of its partners, directors or officers aware of any facts or circumstances that may give rise to a Privacy related claim against the firm or the proposed Cyber Privacy insurance afforded under this policy? ( )Yes ( )No , *if yes please attach explanation*

I understand information submitted becomes a part of my Professional Liability Application and is subject to the same representations and conditions.

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Signature of Officer or Partner of the Firm

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Title

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Date