



Network and Privacy Supplemental Application

Name of Applicant: _____

<p>1. Please check the personal information records that you collect, store, maintain or transmit for your business or on behalf of your clients.</p>	<input type="checkbox"/> Name/Address <input type="checkbox"/> Date of birth <input type="checkbox"/> Social Security Number <input type="checkbox"/> Account Number <input type="checkbox"/> Credit Card information <input type="checkbox"/> Financial information <input type="checkbox"/> E-mail address <input type="checkbox"/> Medical Records <input type="checkbox"/> Personal Information w/ a Credit Card <input type="checkbox"/> Zip code <input type="checkbox"/> Online Storage/Destruction
<p>2. Are Zip codes requested in conjunction with the use of a credit card?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>3. Are any personal information records stored electronically? If "Yes", proceed to next question. If no, proceed to question 10.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>4. Please check the computer hardware/software the Company employs to prevent unauthorized access to electronically stored personal information records. If "Other" is checked, please provide details on a separate page.</p>	<input type="checkbox"/> Firewall <input type="checkbox"/> Virus Protection Software <input type="checkbox"/> Intrusion detection System <input type="checkbox"/> Encryption System <input type="checkbox"/> Other <input type="checkbox"/> None
<p>5. a. Is the above computer hardware/software updated automatically? b. If no, how often is it updated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>6. Does the company maintain a wireless network? If Yes, is the network encrypted?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>7. Does the Company have a written policy or procedure for destroying hard drives no longer being used by the Company?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>8. Is the back-up of records stored in a secure location?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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<p>9. Please check the security measures the Company employs to prevent unauthorized access to paper/physical personal information records. If other is checked, please provide details.</p> <p>10. Is access to personal information records restricted to only those employees who need access to these records in the performance of their employment duties?</p>	<p><input type="checkbox"/> Nightly alarm system</p> <p><input type="checkbox"/> Locking system on doors</p> <p><input type="checkbox"/> File cabinet locks</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>11. Does the Company periodically test the security controls in place to prevent unauthorized access to personal information records?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. Are personal information records, electronic or otherwise, allowed to be physically transported to any external location for any purpose other than an external backup of records?</p> <p>If "Yes", please provide the following details.</p> <p style="margin-left: 20px;">a. Does the Company have a policy or process which monitors and identifies those transported records?</p> <p style="margin-left: 20px;">b. Are any records stored at any time in a laptop computer?</p> <p style="margin-left: 20px;">c. Are any records stored at any time in a computer located in personal residence of any employee?</p> <p style="margin-left: 20px;">d. Are any records stored at any time in a computer owned by an outside vendor other than an external backup of records?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. Does the Company have a written Privacy Policy concerning any personal information records?</p> <p>If "Yes", please provide the following details.</p> <p style="margin-left: 20px;">a. Did an outside legal firm develop or review the Privacy Policy?</p> <p style="margin-left: 20px;">b. Is the Privacy Policy routinely reviewed and updated?</p> <p style="margin-left: 20px;">c. Is the Privacy Policy compliant with the rules and regulations of all applicable privacy laws?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>14. Please provide the</p>	<p><input type="checkbox"/> 0 to 1,000</p> <p><input type="checkbox"/> 1,001 to 5,000</p>

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<p>Approximate number of clients, customers and employees whose personal information records the Company collected, stored, maintained or transmitted during the last 12 months:</p>	<input type="checkbox"/> 5,001, to 10,000 <input type="checkbox"/> 10,001 to 25,000 <input type="checkbox"/> 25,001 to 50,000 <input type="checkbox"/> above 50,000 _____ number above 50,000
<p>15. a. Do you allow remote access to your network?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. If Yes, is remote access to your network authenticated and encrypted?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. a. Do you actively manage employee access privileges?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. If Yes, how quickly do you change or revoke these privileges? (e.g. within 24 hours, within a week)</p>	
<p>17. a. Do You have trained information security employees on staff or have you outsourced your information security management to a qualified security company?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. If your outsource, please provide the name of the firm:</p>	
<p>18. Do you have a website? (If yes please answer the following)</p>	
<p>a. Is the login ID and password required to access secure areas of your website?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Do you accept payment for goods or services through your website?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Do you produce any products (e.g. software) whose principal purpose is to aggregate or secure confidential information?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If "Yes", please provide the details Below.

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20. Within the last 5 years has the Company been subject to or suffered any losses or litigation or does any proposed Insured have knowledge or information of any act, error or omission which might reasonably be expected to give rise to a claim from any:

- a. Breaches of security?
- b. Unauthorized acquisition, access, use, identity theft, mysterious disappearance, or disclosure of personal information?
- c. Violation of any privacy law, rule or regulation?
- d. Technology or extortion threats?

Yes No

Yes No

Yes No

Yes No

It is understood and agreed that this supplemental application shall become a part of the application for Professional Liability Errors & Omissions Insurance.

Date

Name of Applicant

Signature of person authorized
to execute on behalf of the
Applicant