

## Security & Privacy Supplemental Application

Please answer all of the following questions completely, truthfully and accurately. As used herein, "Company" includes the company applying for network security coverage and its subsidiaries also seeking coverage.

**If more space is needed, please attach a separate document to this application to provide complete answers.**

1. Does your Company have a virus protection program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your Company have a firewall in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Does your Company enforce a software update process, including updating patches and anti-virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does your Company have a process for managing computer accounts, including removing computer users in a timely fashion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do your Company's access control procedures address access to critical and sensitive computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your Company have physical security controls in place to control access to your computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Does your Company have an information security incident response plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. How long does it take to restore your Company's operations after a computer attack or other loss/corruption of data?	<input type="checkbox"/> 12 hours or less <input type="checkbox"/> 12-24 hours <input type="checkbox"/> More than 24 hours
9. Does your Company have person or group responsible for information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Does your Company use standard configurations for firewalls, routers, and operating systems	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Does your Company process, store or handle credit card information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you compliant with all data security standards issued by card issuers or financial institutions that you transact business with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined
12. Does your Company have a program in place to periodically test security controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," has your Company undergone any information security or privacy compliance evaluation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," were all recommendations complied with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Does Your Company have a written corporate-wide privacy policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes":	
A. Has it been reviewed by a qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B. Does Your Company's privacy policy allow information to be shared with any third party?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Does your Company have person or group responsible for compliance with the Privacy Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Does Your Company restrict employee access to consumer, and customer files (as applicable) to employees with a business-need to know basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Does Your Company provide training for employees on privacy, data security and related issues?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Within the last year, has your Company completed an internal or external audit or assessment to review your compliance with regulations/laws concerning the protection of privacy rights and your Privacy Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," were all recommendations complied with?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Does your Company outsource any aspect of its computer system/network (i.e., hosting, back up site, etc); If "Yes" please identify the principal vendor:	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. During the past 5 years, has a complaint, claim, demand, lawsuit or regulatory proceeding concerning the security of a computer system or website been made or initiated against your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. During the past 3 years, has your Company suffered any breaches or failure of computer security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is any officer or director of Your Company aware of any actual or alleged fact, circumstance, situation, error or omission, or issue which might give rise to a claim against for invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a <b>claim</b> against your Company with regard to issues related to this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. During the past three (3) years, has anyone filed suit or made a claim against your Company with regard to invasion or interference with rights of privacy, wrongful disclosure of personal information, or which might otherwise result in a <b>claim</b> against your Company with regard to issues related to this application for insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BY SIGNING BELOW, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY STATES AND REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT IN THIS APPLICATION OR ATTACHMENT, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED. SHOULD INSURER ISSUE A POLICY, COMPANY AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH, COMPLETENESS, AND ACCURACY OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR ATTACHMENT, AND SUCH STATEMENTS AND REPRESENTATIONS ARE THE BASIS OF SUCH POLICY.**

**THE UNDERSIGNED, HEREBY AGREES, WARRANTS AND REPRESENTS THAT HE OR SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY, AND IS FULLY AUTHORIZED TO ANSWER AND MAKE STATEMENTS AND REPRESENTATIONS BY AND ON BEHALF OF THE COMPANY.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_ Company: \_\_\_\_\_