

**THIS SUPPLEMENT IS PART OF THE APPLICATION, INCLUDING A RENEWAL APPLICATION, SUBMITTED BY OR ON BEHALF OF THE APPLICANT FOR THE PROPOSED INSURANCE. THE NOTICES, CONDITIONS AND REPRESENTATIONS CONTAINED IN SUCH APPLICATION ARE INCORPORATED INTO AND APPLY TO THIS SUPPLEMENT.**

**Instructions:**

Whenever used in this Supplement, the term "Applicant" shall mean the organization identified in response to Question 1 of Section A. Account Information.

**A. ACCOUNT INFORMATION**

1. Applicant Name (as identified in the application submitted for the proposed insurance):

**B. MANAGEMENT OF INFORMATION**

2. Does the Applicant employ a chief information officer?  Yes  No

3. Does the Applicant employ a chief security officer?  Yes  No

4. Do the above positions report to the board of directors?  Yes  No

5. Does the Applicant have a corporate-wide privacy policy?  Yes  No

6. Have the Applicant's privacy policies been reviewed and approved by an attorney?  Yes  No

7. How often are the Applicant's policies reviewed and updated? \_\_\_\_\_

8. Does the Applicant maintain formal employee on-boarding and off-boarding procedures?  Yes  No

9. Does the Applicant have restricted employee access to private information?  Yes  No

10. Does the Applicant have internal training for employees concerning the handling of data security and private, personal and sensitive information?  Yes  No

11. Are employee background checks, including criminal background, completed on employees who will have access to Personally Identifiable Information?  Yes  No

12. In the past twenty-four (24) months, has the Applicant undergone an internal or external privacy or network security audit or assessment?  Yes  No

13. Have all recommendations been implemented?  Yes  No

If No, please explain:

14. Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information as part of its business activities?  Yes  No
- If "Yes,"
- a. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or any other law or regulation protecting private, sensitive, or personal information?  Yes  No
  - b. Does the Applicant have written procedures in place to comply with laws governing the handling or disclosure of such information, including any Red Flag Rules?  Yes  No
  - c. Does the Applicant share private, sensitive or personal information gathered from customers with third parties?  Yes  No

15. Approximate number of individual records and client files stored on Applicant's network: \_\_\_\_\_

16. Does the Applicant have a vendor approval process?  Yes  No

17. Does the Applicant require that contracts with outside companies and vendors require they defend and indemnify the Applicant in the event there is any loss arising out of the release or disclosure of private, sensitive or personal information due to the outside company's or vendor's negligence?  Yes  No

18. Does the Applicant have a written and tested:
- a. Disaster recovery plan?  Yes  No
  - b. Business continuity plan?  Yes  No
  - c. Computer security policy?  Yes  No
  - d. Procedure to change default credentials?  Yes  No

19. Does the Applicant store sensitive data on web servers?  Yes  No

If "Yes," is the data encrypted?  Yes  No

If "No," please describe any off setting measures:

20. Does the Applicant store personally identifiable or other confidential information on laptops, smart phones, memory sticks or other mobile devices?  Yes  No

21. Is the Applicant's data below encrypted?  Yes  No

a. If "Yes," please describe the encryption technologies used for each:

At-rest:	
In-Transit:	
Mobile Devices:	

b. If "No," please describe any off setting measures:

<p>22. Does the Applicant use third-party technology service providers? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes," please indicate for which of the following services:</p> <p style="margin-left: 20px;">a. Hosting of the Applicant's network <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">b. Maintenance <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">c. Website hosting <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">d. Storage and back-up of electronic data <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">e. Storage and back-up of sensitive data <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">f. Other (describe): _____ <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>23. Does the Applicant use security and firewall technology? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>24. Is it the Applicant's policy to up-grade all security software as new releases/improvements become available? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>25. Is a patch management solution in place? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes,"</p> <p style="margin-left: 20px;">a. Is the patch management solution capable of patching Microsoft as well as third-party application? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">b. How quickly are upgrades installed? _____</p>
<p>26. Is there a managed anti-virus solution in place? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes,"</p> <p style="margin-left: 20px;">a. Is anti-virus software installed on all of the Applicant's computer systems, including laptops, personal computers, and networks? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p style="margin-left: 20px;">b. How often are updates applied? _____</p>
<p>27. Does the Applicant use intrusion detection software to detect unauthorized access to Internal networks and computer systems? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>28. Does the Applicant have a formal documented user and password procedure in place? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>29. Does the Applicant limit access to network servers and hardware? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>30. Does the Applicant provide remote access to its network? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>If "Yes," is remote access restricted to Virtual Private Networks (VPNs)? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>31. How often is private / personal / sensitive / valuable information archived? _____</p> <p style="margin-left: 20px;">a. How long is the information stored? _____</p> <p style="margin-left: 20px;">b. Is the information stored in an off-premises secondary site? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>
<p>32. Does the Applicant terminate all associated computer access and user accounts when an employee leaves the company? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>

33. Are the Applicant's internal networks and computer systems subject to third party audit and monitoring?  Yes  No

- a. If "Yes,"
  - i. When was the last audit? \_\_\_\_\_
  - ii. Have all improvements and recommendations been implemented? \_\_\_\_\_
- b. If "No," please explain:

34. Does the Applicant collect, receive, process, transmit, or maintain private, sensitive, or personal information as part of its business activities?  Yes  No

If Yes, please indicate what type:

- |   |  |
|---|--|
| <input type="checkbox"/> Credit/debit card data         | <input type="checkbox"/> Medical records                 |
| <input type="checkbox"/> Social security numbers        | <input type="checkbox"/> Employee/HR information         |
| <input type="checkbox"/> Bank accounts and records      | <input type="checkbox"/> Intellectual property of others |
| <input type="checkbox"/> Customer information           | <input type="checkbox"/> Medical information             |
| <input type="checkbox"/> Confidentiality agreements     | <input type="checkbox"/> Trade secrets                   |
| <input type="checkbox"/> Other (please describe): _____ |  |

**C. LOSS HISTORY SECTION**

35. Has the Applicant suffered any known intrusions, unauthorized access, or been a target of a security or virus incident of its computer systems?  Yes  No

If "Yes", how many intrusions occurred? \_\_\_\_\_

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:

36. Is the Applicant or any entity or individual proposed for coverage under this insurance aware of any fact, circumstance, situation, transaction, event, act, error, or omission that the Applicant, any such entity, or any such individual has reason to believe may, or could reasonably be foreseen to, give rise to a claim for or in any way involving any network security or privacy incident or event, right to privacy, use or disclosure of personal or confidential information, or any violation of any network security or privacy policy, statute, regulation, law or other requirement, regardless of whether or not such claim may fall within the scope of the proposed insurance?  Yes  No

If "Yes," please explain:

**D. SIGNATURE AND AUTHORIZATION**

The undersigned declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. For Florida Applicants, the preceding sentence is replaced with the following sentence: The undersigned represents that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this Supplement and any attachments or information submitted with this Supplement are true and complete. The undersigned understands that this Supplement and any such attachments or information submitted herein are part of the application submitted by or on behalf of the Applicant for the proposed insurance, and are subject to the representations and conditions set forth therein.

Any person who knowingly and with intent to defraud any insurance company or another person, files an application for insurance containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, may be guilty of committing a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties.

**FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act.

**NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name	
By (Authorized Signature)	
Name/Title	
Date	