



For a CYBER LIABILITY insurance premium indication, please complete and return this form to us. Please call us at 781-237-4107 if you need assistance.

**Privacy & Security Indication Questionnaire**

Entity Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Street Address	City	State	ZIP Code
Business Type (Corporation, LLC, Partnership, Individual, Other)	Year Established:	Number of Employees Total:	Web Address:

Please detail all name changes, mergers and/or acquisitions in the last five years. \*Details of any additional entities to be covered (with revenues) should be attached

Total Gross Revenues Prior Year \$ \_\_\_\_\_ Coming Year (Estimate) \$ \_\_\_\_\_ Business-to-Business % \_\_\_\_\_

Business-to-Customer % \_\_\_\_\_ Website Derived % \_\_\_\_\_

Has the applicant ever pursued or been declined for Privacy/Security coverage? \_\_\_\_\_ Details \_\_\_\_\_

**Operations and Information Handling**

Please describe your operations and the types of confidential information handled (include electronic, paper, and employee records)

Please estimate the # of individual confidential records maintained and describe calculation method. (To include any legally protected non-public information)

**Risk Management**

Do you have staff specifically responsible for Network Security?	YES	NO	Password Management?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have staff specifically responsible for Privacy Compliance?	YES	NO	Encryption?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you have a written Privacy Policy? (internal & online)	YES	NO	If so, describe		
	<input type="checkbox"/>	<input type="checkbox"/>			
Network Security Policy?	YES	NO	Are Wireless Access Points (WAPs) secured?	YES	N/A
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Laptop Use Policy?	YES	NO	Timely and Pre-Tested Software Patching?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Breach Incident Response Plan?	YES	NO	Do your contracts with 3rd-party service providers address information security?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Business Continuity/Disaster Recover Plan?	YES	NO	Have you had 3 <sup>rd</sup> -party: Network Security Assessments (network intrusion testing)?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Do you employ Firewall Technology?	YES	NO	Privacy Compliance Audits within last year?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Antivirus Software?	YES	NO	Have you identified and are you compliant with all applicable privacy regulations?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
System/Information Backups?	YES	NO	(Payment Card Industry (PCI), HIPAA, GLB, State Notification Laws, etc)		
	<input type="checkbox"/>	<input type="checkbox"/>			

**Incident History**

During the past five years: Have you had any privacy breach incidents or complaints?	YES	NO	Have any suits or regulatory proceedings been brought against you?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Have any of these incidents been reported to an insurance carrier?	YES	NO	Is any party seeking coverage aware of any fact or circumstance that could lead to a loss?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Please attach details for any "yes" answers

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. YES  NO

\_\_\_\_\_  
Signature Title Date