

Network Data and Security Supplemental Application

Please complete this Supplemental Application if you are applying for any one of the following coverages: Network Security and Privacy Liability, Business Interruption, Information Asset Protection or Cyber-Extortion as a part of the Insurance Application. As used herein, "Company" includes the company applying for network security coverage and its subsidiaries also seeking coverage.

Full Name of **Applicant**: _____

If more space is needed, please attach separate sheet(s) to this application to provide complete answers.

1. Do You store, process and/or transmit any Sensitive Data on Your computer system (<i>check all that apply below</i>)? Sensitive Data is defined as information that may lead to an individual being personally identified such as a Social Security Number, Account Number, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Credit Card information	<input type="checkbox"/> Customer information	
<input type="checkbox"/> Healthcare Information	<input type="checkbox"/> Money/Securities Information	
<input type="checkbox"/> Trade Secrets	<input type="checkbox"/> Intellectual Property Assets	
2. Do You process payments on behalf of others, including eCommerce transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Do You outsource any part of Your network, computer system or information security functions (<i>check all that apply below and indicate vendor name providing service</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Data Center Hosting: _____	<input type="checkbox"/> Managed Security: _____	<input type="checkbox"/> Data Processing: _____
<input type="checkbox"/> Application Service Provider: _____	<input type="checkbox"/> Alert Log Monitoring: _____	<input type="checkbox"/> Offsite Backup and Storage: _____
4. Do You have a process to manage access to Sensitive Data including timely account termination? If 'Yes', please describe _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do Your external computer systems (e.g., commercial websites and mobile devices) use firewall and intrusion prevention systems? If "Yes," please identify the security technologies used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Do You have physical security program in place to prohibit and track unauthorized access to Your computer system and data center?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does Your computer system (including e-mail and remote access) use security products that address viruses, worms, Trojans and other malware? If "Yes," please identify the technologies used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Do You have a proactive vulnerability assessment program that monitors for breaches and ensures timely updates of anti-virus signatures and critical security patches?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do You have encryption tools to ensure integrity and confidentiality of Sensitive Data including data on removable media (e.g., CDs, DVD, tapes, disk drives, USB devices etc.)? If 'Yes', please describe technologies used: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do You process, store, or handle credit card transactions? If "Yes:"	<input type="checkbox"/> NA	

<p>(a) Are You compliant with Payment Card Industry Data Security Standards (PCI DSS)? Please circle your required level of compliance: 1 2 3 4</p> <p>(b) Are You in compliance with the credit card number truncation provisions of the Fair And Accurate Credit Transaction Act (FACTA)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>11. Do Your Web sites use Sensitive Data? If “Yes,” are vulnerability tests performed on all applications? Please identify the type of evaluation, and whether You were found to be in compliance: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Do You implement policies and procedures to ensure compliance with legislative, regulatory and/or contractual privacy requirements that govern your industry? If “No,” please describe which requirements are still pending? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>13. Does Your privacy policy allow you to share information with third parties? If “Yes,” do Your contracts with vendors and others with whom You share or store Sensitive Data require the other party to defend and indemnify You for legal liability arising from any release or disclosure of the information due to the negligence of the vendor or other party?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>14. Do You require all vendors to whom You outsource data processing or hosting functions (e.g., data backup, application service providers, etc.) to demonstrate adequate security of their computer systems? If ‘Yes’, please indicate method of verification:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Vendor must supply SAS 70 or CICA Section 5970 <input type="checkbox"/> Vendor shared assessments (BITS) <input type="checkbox"/> N/A <input type="checkbox"/> Security is assessed by internal staff <input type="checkbox"/> Other (describe: _____)</p>	
<p>15. Do ‘You’ have a Business Continuity (BCP) and Disaster Recovery (DR) plan? How long does it take to restore Your operations after a computer attack or other loss/corruption of data?</p> <p><input type="checkbox"/> 12 hrs or less <input type="checkbox"/> 13 to 24 hrs <input type="checkbox"/> more than 24 hrs</p>	
<p>16. a) Do You have a security incident response plan in case of a security breach? b) Does Your security incident response plan include alternative options to account for incapacitated third-party outsourcing providers which you depend on? If “Yes,” explain: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. a) Do You have a comprehensive Information Security Policy and Privacy Policy that is updated and enforced on continual basis? b) If “Yes,” has ‘Your’ Privacy Policy been reviewed by a qualified attorney? If “No,” please identify your organizations plans to develop/update such a plan: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. a) Do You have a Chief Security Officer (CSO) or equivalent)? If not, what position(s) are responsible for management of and compliance with Your security policies and what are their roles? b) Do You employ a chief privacy officer or an equivalent?)? If not, what position(s) are responsible for management of and compliance with Your privacy policies and what are their roles? _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Do You have a backup and restore methodology for your sensitive data? If “Yes,” do you secure such data to an off-site storage location and require the third party to</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

indemnify you in the event of a data loss caused by those third parties?																															
20. Do You have a document retention and destruction policy within your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
21. a) Do You provide awareness training for employees on data privacy and security including legal liability issues, social engineering issues (e.g., phishing), spam, dumpster diving, etc.? If "Yes," please describe the medium and frequency of training: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
b) Are employees aware of their personal liability and any potential ramifications if they aid, abet, or participate in a data breach incident involving the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No																														
22. In all cases, does the Applicant's hiring process include the following? (please check all that apply)																															
	<table border="0"> <tr> <td></td> <td style="text-align: center;"><u>All Employees</u></td> <td style="text-align: center;"><u>Some Employees*</u></td> <td style="text-align: center;"><u>All Independent Contractors</u></td> <td style="text-align: center;"><u>Not Required</u></td> </tr> <tr> <td>Criminal Convictions:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Educational Background:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Credit Check:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Drug Testing:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Work History:</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>		<u>All Employees</u>	<u>Some Employees*</u>	<u>All Independent Contractors</u>	<u>Not Required</u>	Criminal Convictions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Educational Background:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drug Testing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work History:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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* If hiring procedures are only required in some cases, please describe when such item is required:																															
23. During the past three (3) years, have You experienced any occurrences, claims or losses related to a failure of security of Your computer system or has anyone filed suit or made a claim against You with regard to invasion or interference with rights of privacy, wrongful disclosure of personal information, or do you have knowledge of a situation or circumstance which might otherwise result in a claim against You with regard to issues related to the Insurance Sought ? If "Yes," explain: _____	<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: _____