



SECURITY INCIDENT RESPONSE COVERAGE SUPPLEMENTAL APPLICATION

PLEASE ANSWER ALL QUESTIONS OR INDICATE "NOT APPLICABLE". If additional space is required for any answer, please attach a separate sheet.

1. As respects your clients' personally identifiable financial, medical or other sensitive information, what steps do you take to comply with obligations imposed on commercial entities by the Gramm-Leach-Bliley Act of 1999; the Health Insurance Portability and Accountability Act of 1996 and its amendments; or similar federal, state or local privacy protection statutes and regulations?

2. Is your network protected by a firewall? Yes No
3. Do you have a records retention policy? Yes No
4. Do you limit employee access to client records? Yes No
5. Do you back-up stored client records? Yes No
6. Do you have computer password protocols developed for safeguarding electronic data held within your network? Yes No
7. Do you have protocols in place for safeguarding client records when those records are taken off premises? Yes No
8. Do you encrypt your client records? Yes No
9. Additional comments as respects your risk management preparedness as respects your ability to protect your clients' personal information:

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine¹.

Name

Title

Signature

Date

SIGNING THIS FORM DOES NOT BIND THE APPLICANT OR THE COMPANY TO BIND THE INSURANCE. Application MUST be currently signed and dated to be considered for quotation.

¹not applicable in all states