



S&H Underwriters, Inc.

Send To:
FAX 802-229-5669
Quotes@sh-underwriters.com

\$25,000 sub limit for Privacy Liability Supplementary Application \$1,000 deductible each Covered Event

Records and Information Management

1. Do you have established an enterprise wide procedure in force for record and information compliance management? Yes No
2. Do you employ a Chief Privacy Officer who has enterprise-wide responsibility for meeting the worldwide obligations under privacy and data protection laws? Yes No
3. Does your security and privacy policy include mandatory training for all employees? Yes No
4. Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employment termination? Yes No
5. Have you identified all relevant regulatory and industry compliance frameworks that are applicable to the organization? Yes No
(Please provide details of compliance applicable to your organization, with details of latest audit carried out)

Compliant

- Gramm-Leach Bliley Act of 1999: Yes No N/a
- Health Insurance Portability & Accountability Act of 1996: Yes No N/a
- Payment Card Industry (PCI) Data Security Standard: Yes No N/a
- If yes, what level requirement? 1 2 3 4
- Other: _____

Date of Latest Audit

Information Security

1. Is all sensitive and confidential information that is transmitted within and from your organization encrypted using industry-grade mechanisms? Yes No
2. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No
3. Are access control procedures and hard drive encryption in force to prevent unauthorized exposure of data on all Laptops/ Blackberrys, and home based PC's? Yes No
4. Have you configured your network to ensure that access to sensitive customer data is limited to properly authorized requests to internal databases/systems that are otherwise fully protected against Internet access? Yes No
5. Do you conduct regular reviews of your third party service providers and partners to ensure that they adhere to your requirements for the protection of sensitive information entrusted to their care? Yes No

Data

1. Do you have established procedures for ensuring the deletion of all sensitive data from systems and devices prior to their disposal from the company? Yes No
2. Is all information contained in a physical form (Paper, Disks, Cd's etc) disposed of or recycled by a confidential and secure means which is recognized throughout the organization? Yes No

Claims and Circumstances

1. Has the company ever sustained a significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? Yes No
2. Is the company or any of its partners, directors or officers aware of, or are there any circumstances that may give, or have given, rise to a claim against the company or against this insurance policy? Yes No
3. During the last three years, has anyone alleged that their personal information was compromised, or have you notified customers that their information was or may have been compromised, as a result of your activities? Yes No
4. Has an employee ever been disciplined for mishandling data or otherwise tampering with your computer network? Yes No
5. Has the company sustained any unscheduled network outage or interruption within past 24 months? Yes No

If the answer is yes to any questions within this section, please provide full details.

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Applicant Name: _____ Signed:* _____
Position:* _____ Date: _____

**the signatory should be a director or senior officer of, or a partner in, the Applicant firm.*