



U.S. Risk Brokers, Inc.

"A World of Markets Within Your Reach"

Cyber, Security and Privacy Questionnaire





Cyber, Security & Privacy Questionnaire

General Information

Entity Name: _____

Address: _____

Contact Person: _____

Website Address: _____ Total # of Employees: _____

Date Company Established: _____

Business Type: Individual Partnership LLC Corporation

Is the Company Owned, Controlled or Affiliated with another Company? Yes No

Description of Operations: _____

Rating Information

Annual Revenues: _____ Last Year: _____ Next 12 Months: _____

Does the application collect, receive process, transmit, store or maintain any of the following confidential information: Personally Identifiable Information (PII) or Protected Health Information (PHI)

Credit/Debit Card Data Yes No Social Security Numbers Yes No

Bank Account Info Yes No Driver's License Numbers Yes No

Medical Records Yes No Employee/HR Info Yes No

Customer Info Yes No Corporate Confidential Info? Yes No

Intellectual Property of Others Yes No Other Info Yes No

Please provide an estimate of the following stored records:

Electronic Records containing PII or PHI: _____

Paper or Other Records containing PII or PHI: _____

Risk Management Policies & Procedures

- Does the applicant employ a Chief Information Officer (CIO)? Yes No
- Does the applicant employ a Chief Security Officers/IT Security Person? Yes No
- Do you have any of the following written Policies/Procedures?
- Privacy Policy? (If so, please attach a copy) Yes No
- Network Security Policy? (If so, please attach a copy) Yes No
- Identity Theft Prevention Program? Yes No
- Breach Incident Response Plan? Yes No
- Business Continuity/Disaster Recovery Plan? Yes No
- Laptop/Computer use Policy? Yes No
- Employee Training regarding Confidential Information? Yes No

Network Security & Data Management

- Do you use Firewall Protection? Yes No Do you use Anti-Virus Protection? Yes No
- Use Intrusion Detection Software? Yes No Perform System/Info. Backup tapes? Yes No
- Username/Password Management? Yes No Wireless Access Points Secured? Yes No
- Encrypt Sensitive Data in transit? Yes No Encrypt Data at Rest on Servers? Yes No
- Pre-Test Software Patches? Yes No 3rd Party Network Intrusion Tests? Yes No
- 3rd Party Privacy Compliance Audits? Yes No
- Does the Applicant encrypt confidential information stored on Portable Devices, such as, laptops, flash drives, back-up tapes, smart phones, tablets, etc.? Yes No
- Does the Applicant store any confidential information in "The Cloud"? Yes No
- Does the Applicant use any 3rd party or outsourced vendors to service or store their customer and/or employee data? Yes No

Regulatory & Compliance Management

Do you have procedures in place to comply with the following laws governing confidential information?

- HIPAA? Yes No HITECH Act? Yes No
- State Notification Laws? Yes No State/Federal Privacy Laws? Yes No

Graham-Leach-Bliley Act? Yes No Sarbanes-Oxley? Yes No
 FACTA/Red Flags Rules? Yes No Payment Card Industry (PCI)? Yes No

Website Media Exposure

Do you have a procedure to monitor material displayed on your website
 for copyright, trademark, libel, slander or Invasion of privacy? Yes No
 Do you have a procedure to remove or deleted offensive/controversial material? Yes No
 Do you publish a bulletin board, chat room, or social networking on your site? Yes No

Past Circumstances/Claims/Breaches

Have you ever had a regulatory proceeding or investigation? (if Yes, give details? Yes No
 During the past 5 years have you had any privacy breach incident or complaint? Yes No
 During the past 5 years have you had any complaints or litigation pertaining a
 Network Security or Privacy Breach? Yes No
 Is the Applicant or any Director, Officer or Employee aware of any circumstance
 that could give rise to a claim under the proposed coverage? Yes No

Prior Coverage

Do you currently carry insurance coverage for Network Security, Privacy or Cyber? If so, please provide the following information:

Insurer Name	Effective Date	Limits	Deductible	Retro Date	Premium

In the last 3 years, have you had any similar insurance declined, canceled or non-renewed? Yes No

Representations

The Applicant declares that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. The Applicant understands that any untrue or incorrect statements contained within this application may result in no coverage being available as the result of a loss or the cancellation of coverage back to its inception. All written statements and materials furnished to the Company, in conjunction with this application will be incorporated by reference into this application and made part hereof.

This application does not bind the Applicant to buy, or the Company to issue the insurance, but it is agreed that this form shall be the basis of the contract should a policy be issued, and it will be attached to and made part of the policy. The undersigned Applicant declare that if the information supplied on this application changes between the dates of this application and the time when the policy is issued, the Applicant will immediately notify the company of such changes, and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signature of Producing Agent: _____

Date: _____

Signature of Insured: _____

Date: _____