



**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  3<sup>rd</sup> Party Network Intrusion Tests? Yes  No
- 3<sup>rd</sup> 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 3<sup>rd</sup> 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: \_\_\_\_\_