

State of Idaho

Cyber Liability Insurance Application

AGENCY DETAILS

* - Required

*Full Agency Name:

Applicant Address:

City

State:

Zip:

Telephone:

Website:

Number of Employees:

Breach Response Contact:

Telephone: _____ Email: _____

Description of Operations: _____

Total annual enrollment (if academic):

*How many electronic records (customers or employees) containing personally identifiable information (PII) or protected health information (PHI) are held by the applicant? _____

RISK CONTROLS

- | | | |
|---|-----|----|
| 1. Does the applicant control access to the computer system? | YES | NO |
| 2. Does the applicant utilize updated firewalls and a virus protection? | YES | NO |
| 3. Does the applicant outsource any part of the internal networking/ computer system or internet access to others? | YES | NO |
| 4. Does the applicant have an employee responsible for IT security? | YES | NO |
| 5. Does the applicant's hiring process include criminal background checks? | YES | NO |
| 6. Does the applicant have a written corporate-wide privacy policy? | YES | NO |
| 7. Does the applicant regularly test their security or privacy controls? | YES | NO |
| 8. Has the applicant ever experienced a privacy or data breach? | YES | NO |
| 9. Does the applicant allow employees to download personal client information or other confidential information on to laptops or other data files? | YES | NO |
| 10. Does the applicant encrypt confidential data (please check all that apply)
at rest in transit portable media | YES | NO |
| 11. Does the applicant back up their data at least once per week and store in an off-site location? | YES | NO |
| 12. What personal client or employee information is held (Check all that apply)
Social Security Numbers Driver's License Numbers
Financial Account Numbers Credit Card Numbers (#of transactions_____)
Personal Health Information Other _____ | YES | NO |
| 13. Has the applicant ever filed a Privacy/ Data Breach Claim? If yes please provide note of date of incident and provide brief explanation, amount paid, remediation efforts since, etc. | YES | NO |
| 14. Does the applicant have a process to review all content prior to posting on the applicant's website? | YES | NO |
| 15. Does the applicant have a procedure for responding to allegations of libel, slander or infringement of a third-party's privacy rights on the applicant's website? | YES | NO |

- | | | |
|--|-----|----|
| 16. If applicant stores, processes or handles credit card transactions, is the applicant compliant with Payment Card Industry Data Security Standards (PCI DSS)? If 'Yes' what level? ____ | YES | NO |
| 17. Is applicant aware of any release, loss or disclosure of personally identifiable information in its care, custody or control, or anyone holding such information on your behalf in the most recent three year time period from the date of this application? | YES | NO |
| 18. Is the applicant aware of any incident that could give rise to a claim under the proposed insurance? If 'Yes' please explain | YES | NO |

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE.

ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

Applicant: _____ Date: _____

Applicant's Signature: _____ Title: _____

The undersigned certifies that he or she is an authorized representative of the applicant identified in "APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Broker Name (Please Leave Blank): _____