

NETWORK SECURITY & PRIVACY LIABILITY COVERAGE SUPPLEMENT

(As used herein, You includes the Applicant and any of its subsidiaries for which coverage is desired)

If more space is needed to provide complete answers, please use the Additional Information section attached to this document.

NETWORK SECURITY COVERAGE

1. Full name of the Applicant Firm (Include any subsidiary(ies) or affiliate(s) for which coverage is desired):

2. Do You have a firewall? If yes, identify the hardware / software used. Yes No

3. Do You enforce a software update process, including software patches and anti-virus software definition updates? Yes No

4. Do You have a virus protection program in place? If yes, identify the software used. Yes No

5. Do You use a standard configuration for firewalls, routers, and operating systems? Yes No

6. Do You have a process for managing computer accounts, including the removal of outdated access accounts in a timely fashion? Yes No

7. Do You have physical security controls in place to control access to Your computer systems? Yes No

8. Do Your access control procedures address access to critical and sensitive computer systems? Yes No

9. Do You have an information security incident response plan in place? Yes No

10. Do You have a designated individual or group responsible for information security? Yes No

11. How long would it take to restore Your operations after a computer attack or other loss / corruption of data? hours

12. Do You have a program in place to periodically test Your security controls? Yes No

13. Have You undergone an information security or privacy compliance evaluation? Yes No
 If yes, identify who performed the evaluation, the date it was performed, the type of evaluation, and the results.

14. Do You outsource the operation of any aspect of Your computer network (i.e., hosting, back-up site, etc.) or Your information security process? (i.e., intrusion detection, firewall, etc.) Yes No
 If yes, identify Your principal vendor(s) for each area.
 Network operations: Information Security:

15. Within the past three (3) years, have You received any complaints concerning the security of Your computer system or website? Yes No

16. Within the past three (3) years, have You suffered any breaches of security which resulted in damage to Your computer system? Yes No
17. Within the past three (3) years, have You experienced any loss of service exceeding eight (8) hours other than a planned maintenance of Your computer systems? Yes No

PRIVACY LIABILITY COVERAGE

1. Are You in compliance with the following: (check all that apply)
 PCI DSS (Payment Card Industry Data Security Standard) GLBA (Gramm-Leach-Bliley Act)
 HIPAA (Health Insurance Portability & Accountability Act)
2. Do You restrict employee access to customer files and personally identifiable information of employees to those with a business-need-to-know basis? If no, please explain: Yes No
3. Does Your hiring process include the following for all employees and independent contractors: (check all that apply)
 Drug Testing Criminal background checks Educational background checks
 Work history checks Credit history checks Other:(specify)
4. Have You had any information security breaches including unauthorized access, unauthorized use, unauthorized disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage or other security events during the past three (3) years? Yes No
5. Are You aware of any circumstance or event that could reasonably be anticipated to result in a claim being made against the coverage being applied for? If yes, please provide details. Yes No

ADDITIONAL INFORMATION

This section may be used to provide additional information to any question on this supplement. Please identify the question number to which you are referring.

It is agreed that this supplement shall be the basis of the contract should a policy be issued and for the purposes of this coverage the supplement will become part of the policy and is incorporated by reference.

Name (Please Print/Type) Title **(Must be Principal, Partner, Chairman, CEO or Executive Director)**

Signature Date

The above signed warrants that he/she is authorized and has the power to complete and execute this Supplement on behalf of the Applicant and their respective Insureds.

Producer Agency