

**QUICK QUALIFIER AND INDICATION QUESTIONNAIRE FOR
HACKER LIABILITY AND HACKER LOSS TO NAMED INSURED COVERAGE**

This Questionnaire is for a premium estimate only. For a quotation complete Application for Hacker Liability and Hacker Loss to Named Insured Coverage

1. (a) Full Name of Applicant: _____
- (b) Principal business premise address: _____
(Street) (County)
-
- (City) (State) (Zip)

2. Does the Applicant own (or long-term lease on an exclusive basis) and control its own ECS? [] Yes [] No

ECS is an abbreviation for Electronic Communications System and means any wired, wireless, radio, electromagnetic, photo-optical or photo-electronic facility for the transmission of electronic communications; any electronic data processing systems or related electronic equipment for the storage of such communications; and any computer; all if owned (or long-term leased exclusively to) and controlled by the Applicant.

3. Is the Applicant seeking coverage for all commonly owned, affiliated or associated organizations? [] Yes [] No

4. Describe the Applicant's business operations: _____

5. Estimated annual gross revenues for the coming year: \$ _____

6. Professional Functions/Elements that exist or take place on Applicant's ECS:

(a) Proprietary software system(s)? [] Yes [] No
 (i) If Yes, describe the function(s) of each answer the following: _____

(b) Other applications? [] Yes [] No
 (i) If Yes, describe function(s) of each. _____

7. Indicate if the following data is processed, stored or transmitted on the Applicant's ECS:

<u>Nature of Data</u>	<u>Applicant's Data</u>	<u>Client's(s)' Data</u>
(a) Accounting or Financial Records	[] Yes [] No	[] Yes [] No
(b) Human Resource/Employment Records	[] Yes [] No	[] Yes [] No
(c) Personal Health Records	[] Yes [] No	[] Yes [] No
(d) Marketing/Sales Records	[] Yes [] No	[] Yes [] No
(e) Purchasing/Supply Management Records	[] Yes [] No	[] Yes [] No
(f) Research & Development Records	[] Yes [] No	[] Yes [] No
(g) Information Services Records	[] Yes [] No	[] Yes [] No
(h) Legal/Compliance Records	[] Yes [] No	[] Yes [] No

8. Does the Applicant's ECS process, store or transmit any of the following:

- (a) Social security numbers of past, present or prospective employees? [] Yes [] No
- (b) Social security numbers of party(ies) other than above? [] Yes [] No
- (c) If Yes to (a) or (b), indicate number of social security number records: _____

9. Financial Transaction Functions/Operations that exist or take place on Applicant's ECS:
- (a) Financial transactions using credit card, debit card, or stored value card or any fund transfer? Yes No
 - (b) Process, store or transmit credit card cardholder data other than Applicant's? Yes No
 - (c) Process, store or transmit financial institution, debit card or investment records of others? Yes No
- If Yes to any above, answer questions (i) through (vi) below.
- (i) Total number of card/account numbers processed, stored or transmitted: ... _____
 - (ii) Total number of annual transactions for all types: _____
 - (iii) Average daily dollar amount of all transactions processed:..... \$ _____
 - (iv) Average single transaction amount:..... \$ _____
 - (v) Maximum single transaction amount:..... \$ _____
 - (vi) Does the Applicant require that no one operator be allowed to handle a transaction completely? Yes No
10. Does the Applicant's ECS:
- (a) Require username and login to access? Yes No
 - (b) Have Anitvirus
 - (i) Software installed? Yes No
 - (ii) Up-dated daily? Yes No
 - (c) Have Spam Checking software installed? Yes No
 - (d) Have firewalls installed for internet connections?..... Yes No
 - (e) Have an uninterruptible power supply protection for critical servers and workstations?..... Yes No
 - (f) Perform data backup at least weekly? Yes No
11. Are all users required to authenticate using, at a minimum, a unique username and password? Yes No
- (a) Does the Applicant have documented password standards?..... Yes No
 - (b) Is there a password policy for internal users that enforces the use of strong passwords, requires regular password changes and prevents the resubmission of previously used passwords? Yes No
12. Has the Applicant had any liability claim or loss arising out of unauthorized access to the Applicant's ECS or is the Applicant aware of any unauthorized access to the Applicant's ECS? Yes No
- If Yes, provide details: _____

Signing this Questionnaire does not bind the Company to provide or the applicant to purchase the insurance.

Name of Applicant

Title

Signature of Applicant

Date