

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