

Network Security & Privacy Liability Questionnaire

When completed, please email this form to jercolani@jamisongroup.com



Contact Information

Name	
Street Address	
City ST ZIP Code	

Cyber / Tech

Website home page: _____

Gross Revenue – Last Fully Completed (USD): _____

Gross Revenue – Projected (USD): _____

Please advise approximate number of Personally Identifiable Information (PII) records stored on your network, database or system: _____

Please advise the exact number of PII records stored on your network, database or system (leave blank if unknown): _____

Coverage Modules

If you store sensitive information or PII on laptops and portable media devices, please confirm the data is encrypted?

Yes No N/a

Do you have access control procedures and hard drive encryption to prevent unauthorized access on your databases, servers and data files?

Yes No

Do you have a business continuity plan and data backup or recovery procedures in force to avoid business interruption due to system failure for all mission critical systems?

Yes No

Please confirm up to date compliance with relevant regulatory and industry frameworks (eg Gramm-Leach Bliley Act, Health Insurance Portability & Accountability Act, Payment Card Industry (PCI) Data Security Standard)?

Yes No N/a

Do you have procedures in place to review media content prior to release on your website?

Yes No N/a

Do you have takedown procedures in place in respect of any user generated content?

Yes No N/a

During the last three years have you:

- a) Sustained any unscheduled network outages, intrusion, corruption or loss of data?
- b) Received notice or become aware of any privacy violations or been subject to any disciplinary, regulatory actions, sanctions or penalties?
- c) Been involved in a lawsuit, claim or settled any allegations of a suit?
- d) Become aware of any circumstance or incident that could be reasonably anticipated to give rise to a claim against the type of insurance being requested in this application?

Yes No

Desired Effective Date: _____

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