

DataBreachSM
QUICK QUALIFIER AND INDICATION QUESTIONNAIRE FOR DATA BREACH AND PRIVACY LIABILITY INSURANCE

This Questionnaire is for a premium estimate only. For a quotation complete Application for Data Breach and Privacy Liability, Data Breach Loss to Insured and Electronic Media Liability Insurance (MADB 5001). Applications are available at www.markelcorp.com.

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

2. Describe in detail the Applicant's business operations: _____

3. Applicant's gross annual revenues:
- | | | |
|--|----------|------------|
| | Total | E-Commerce |
| (i) Estimated annual gross revenues for the coming year: | \$ _____ | \$ _____ |
| (ii) For the past twelve (12) month period: | \$ _____ | \$ _____ |

4. Does the Applicant handle sensitive data for any of the following:
- | | Transmit/Receive | Store |
|---|---------------------|----------------|
| (a) Credit Cards/Debit Cards*? | [] Yes [] No..... | [] Yes [] No |
| (b) Financial/Banking Information? | [] Yes [] No..... | [] Yes [] No |
| (c) Medical Information (PHI)**? | [] Yes [] No..... | [] Yes [] No |
| (d) Social Security Numbers or National Identification Numbers? | [] Yes [] No..... | [] Yes [] No |
| (e) Other (specify) _____ | [] Yes [] No..... | [] Yes [] No |

* Approximate number of credit/debit card transactions for the coming year: _____
 ** Approximate number of individuals for which PHI is collected, transmitted or stored: _____

5. Is the Applicant:
- (a) In compliance with all HIPAA/HITECH privacy rules? [] Yes [] No
 (i) If No, anticipated date of compliance? _____
- (b) Certified as being PCI compliant? [] Yes [] No
 (i) If No, anticipated date of compliance? _____
6. Indicate the number of sensitive data records the Applicant stores currently: _____
7. Does the Applicant have a dedicated senior manager responsible for Information Security and Privacy? [] Yes [] No
8. Does the Applicant allow the use of laptops, mobile devices or other portable media?..... [] Yes [] No
 (a) If Yes, does the Applicant ensure all sensitive information is encrypted?..... [] Yes [] No

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