



DataBreachSM Plus Company Agents and Brokers Questionnaire for Breach Mitigation Coverage

Instructions

This Questionnaire is for a premium estimate only.

Applicant information

1. (a) Full name of applicant

(b) Principal business premise street address 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*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(b) Financial/Banking Information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(c) Medical Information (PHI)**?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(d) Social Security Numbers or National Identification Numbers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(e) Other (specify)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

Signatures

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

Applicant's name Title

Applicant's signature Date