

GENERAL INFORMATION

IT PROFESSIONAL CONTACT NAME

E-MAIL

PHONE

EXT.

NAME OF BUSINESS (OR INDIVIDUAL) REQUESTING CYBER SECURITY COVERAGE

HOW LONG HAVE YOU BEEN THEIR IT PROFESSIONAL?

RISK CONTROLS

FOR BUSINESS REQUESTING CYBER SECURITY COVERAGE

1. Is there a firewall in place? YES NO
 - A. How often are the rules reviewed within the firewalls: _____
 - B. When was the last time a rule was removed / deactivated: _____
2. Are virus scans of e-mail, downloads and portable devices performed? YES NO
 - A. How often: _____
3. Is there a person responsible for information security? YES NO
4. Is there a written privacy or security policy? YES NO
5. Are there restrictions regarding access to sensitive information of a third party? YES NO
6. Do you outsource (or plan to outsource) a critical part of your internal network / computer system or internet access / presence to others? YES NO

If yes, check all that apply and name the service providers for each category

TECH-RELATED SERVICE

Internet Service Provider (ISP)	Backup, Co-Location and Data Recovery	Financial Services and Payment Processing	Other: "Cloud", ASP, SAAS, Etc.
<input type="checkbox"/> Bellsouth	<input type="checkbox"/> AT&T	<input type="checkbox"/> Corillion	<input type="checkbox"/> Amazon
<input type="checkbox"/> Cablevision	<input type="checkbox"/> EMC	<input type="checkbox"/> Datavantage	<input type="checkbox"/> Microsoft
<input type="checkbox"/> Charter	<input type="checkbox"/> HP	<input type="checkbox"/> Digital	<input type="checkbox"/> Google
<input type="checkbox"/> Comcast	<input type="checkbox"/> IBM	<input type="checkbox"/> Insight	<input type="checkbox"/> GoDaddy
<input type="checkbox"/> Cox	<input type="checkbox"/> Iron Mountain Storage	<input type="checkbox"/> DSS	<input type="checkbox"/> IBM
<input type="checkbox"/> Earthlink	<input type="checkbox"/> Tek	<input type="checkbox"/> ECHO	<input type="checkbox"/> HP
<input type="checkbox"/> Insight BB	<input type="checkbox"/> Sunguard	<input type="checkbox"/> First Data	<input type="checkbox"/> AT&T
<input type="checkbox"/> Mediacom	<input type="checkbox"/> In-House	<input type="checkbox"/> FI Serve	<input type="checkbox"/> Rackspace
<input type="checkbox"/> Qwest	<input type="checkbox"/> None	<input type="checkbox"/> Global Payments	<input type="checkbox"/> Savvis
<input type="checkbox"/> Road Runner	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Jack Henry	<input type="checkbox"/> Terremark
<input type="checkbox"/> SBC (AT&T, Yahoo, Sprint)	<input type="checkbox"/> _____	<input type="checkbox"/> Lawson	<input type="checkbox"/> Fujitsu
<input type="checkbox"/> United Online	<input type="checkbox"/> _____	<input type="checkbox"/> Metavente	<input type="checkbox"/> Nirvanix
<input type="checkbox"/> Verizon	<input type="checkbox"/> _____	<input type="checkbox"/> Paymentech	<input type="checkbox"/> VMWare/EMC
<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____	<input type="checkbox"/> Paypal	<input type="checkbox"/> Salesforce
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> S-1	<input type="checkbox"/> Other: _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Verisign	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> _____

- 7. a. Within the past three (3) years, this business experienced any network related business interruption exceeding eight (8) hours other than planned maintenance? YES NO
- b. During the last three (3) years, has anyone alleged that this business was responsible for damage to their computer system(s) arising out of the operation their computer system(s)? YES NO
- c. During the last three (3) years, has this business received a complaint or other proceeding (including an injunction or other request for non-monetary relief) arising out of intellectual property infringement, copyright infringement, media content or advertising material? YES NO
- d. During the last three (3) years, has there been a demand, claim, complaint, or filed a lawsuit against this business alleging invasion of interference of rights of privacy or the inappropriate disclosure of personality identifiable information (PII)? YES NO
- e. During the last three (3) years, has this business been the subject of an investigation or action by any regulatory or administrative agency for privacy-related violations? YES NO
- f. Are you aware of any circumstance that could reasonably be anticipated to result in a claim being made against the business for the coverage being applied for? YES NO
- 8. Is there a program in place to periodically test your data security controls? YES NO
- 9. Is all sensitive data
 - a. encrypted at rest? YES NO
 - b. encrypted in transit? YES NO
 - c. accessible via mobile devices? YES NO
 - If yes, are the devices encrypted? YES NO
- 10. Types of Personally Identifiable Information held (check all that apply):

<input type="checkbox"/> Social Security Numbers	<input type="checkbox"/> Drivers Licenses
<input type="checkbox"/> Bank Account Details	<input type="checkbox"/> Personal Health Information
<input type="checkbox"/> Credit Card Numbers	<input type="checkbox"/> Other (specify) _____
- 11. Have you achieved compliance with the following: (check all that apply)

PCIDSS (Payment Card Industry Data Security Standard)	<input type="checkbox"/> YES <input type="checkbox"/> NO
GLBA (Gramm-Leach-Bliley Act)	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIPAA (Health Insurance Portability and Accountability Act)	<input type="checkbox"/> YES <input type="checkbox"/> NO
- 12. Estimated total number of Personally Identifiable Information (PII) records: _____
 - I don't know the estimated total number of records.

GENERAL REMARKS / COMMENTS

FAX, E-MAIL OR MAIL in this questionnaire to:
Affiliated Insurance Agencies
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 636 255 8585 tel | 636 255 8586 fax | erin@aiastl.com