

## ProHost Data Breach Questionnaire

### ***Complete this section for all accounts:***

1) Is the applicant aware of any present or past incident that may give rise to a claim? \_\_\_\_\_ (Yes or No)  
**If Yes, give details (include amounts):**

2) Has the applicant had Data Breach insurance coverage denied, canceled or non-renewed during the last three years? \_\_\_\_\_ **(Yes or No) If Yes, give details:**

3) Do you store, manage, utilize, transmit or otherwise handle Private Identifying Information such as Social Security #, Credit Card #, Bank Account #. \_\_\_\_\_ (Yes or No) **if Yes check all that apply:**

- Credit / Debit Card Numbers     Patient Medical Data / Records     Dates of Birth  
 Social Security Numbers     Client Legal Data / Records     Client Financial Data / Records  
 Drivers License Numbers     Bank Account information     Other \_\_\_\_\_

4) Do you have safeguards in place in the form of physical security, technical security, and/or policies and procedures? \_\_\_\_\_ (Yes or No) **If Yes, please select all that apply:**

- Password Protection     Firewalls     Antivirus Software  
 Network Security functions outsourced to a 3<sup>rd</sup> party     None of the Above

### ***Complete this section only for risks with greater than \$5,000,000 receipts:***

5) How often is credit /debit card information purged from your systems?

- Immediately after processed     Within one month of transaction  
 Within six months of transaction     N/A. No cardholder data is stored  
 Some/all information is retained for longer than 6 months

6) Which of the following policies / procedures do you have in place?

- Written Privacy and Security Policy     Access to data restricted based on job duties  
 Employee background check prior to employment     Training on data security/privacy practices  
 Employees sign non-disclosure/confidentiality agreement     Termination of access to data upon employee leaving the company

7) Are you compliant with the Payment Card Industry Data Security Standards (PCI-DSS)? \_\_\_\_\_(Yes or No) **If Yes**, how do you assess compliance with PCI-DSS?

Not Sure     Self Assessment Questionnaire     Third Party Qualified Security Assessor (QSA)

8) Do you have a regular data/document/storage equipment destruction policy? \_\_\_\_\_ (Yes or No)

9) Do you have a data breach response plan? \_\_\_\_\_ (Yes or No).

If Yes, how often do you test annually, quarterly, biannual, or never? \_\_\_\_\_

Signature of Insured: \_\_\_\_\_

Print name & title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of producing agent: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_