

Insurance Consulting Services, LLC

The Attorneys Malpractice Insurance Specialists

CYBER LIABILITY/DATA BREACH QUICK QUOTE FORM

E-MAIL TO: quotes@icservicesllc.com or FAX TO: (303) 484-5611

I. GENERAL INFORMATION

Name & Address of Parent Company: _____
Contact: _____ Email Address: _____ Phone: _____
Full time/Part time employees: _____ / _____ Gross Revenues - Past Year: _____ Projected Next Year: _____

Check below the type of information held:

Social Security Numbers Personal Health Data Employee Information Bank Account Information
 Driving Licenses Credit Card Numbers Trade Secrets Intellectual Property Assets of others

Has the Applicant or any director, officer or IT professional experienced any of the following (Y/N):

Any attempted intrusion or breach of its computer systems or a denial of service attack? (Y/N)

Any theft or unintended disclosure of personal or corporate confidential information? (Y/N)

Any pending, potential claim/allegations or litigation for which this insurance would apply? (Y/N)

If yes to any of the above, provide details: _____

II. SECURITY CONTROLS

Do you publish, update and distribute network security and privacy policies to all employees? (Y/N)

Do you utilize and update commercially available firewall protection systems for all networks and computer systems? (Y/N)

Do you use intrusion detection software to detect unauthorized access to your network or computer systems? (Y/N)

Do you utilize and regularly update anti-virus software? (Y/N) Name of anti-virus software? _____

Are you compliant with the Payment Card Industry Security Standards? (Y/N)

Is an identity theft program (aka "Red Flag" or similar) in place? (Y/N)

Do you perform regular computer system and data backups? (Y/N) How often? _____ Stored off site? (Y/N)

Are you compliant with the Fair and Accurate Credit Transactions ACT (FACTA)? (Y/N)

Is electronic data stored in an encrypted format? (Y/N) If yes, check all that apply:

Is an employee assigned for maintaining network security? (Y/N)

Do you regularly monitor security vulnerabilities and appropriately patch and upgrade systems and applications? (Y/N)

III. PRIVACY CONTROLS

Is a written process in place to notify those affected if their personally identifiable information is compromised? (Y/N)

Do you require third parties with which you share personally identifiable or corporate confidential information to indemnify your Company for legal liability arising out of the unauthorized release or theft of such information? (Y/N)

Do you regularly require the changing of all passwords by all employees or independent contractors? (Y/N)

Are you HIPAA compliant? (Y/N)

IV. INTERNET/MEDIA

Is material displayed on your website(s) screened for copyright/trademark infringement or libel and slander? (Y/N)

Do you display material created by third parties (e.g. videos, blogs, and music)? (Y/N)

Do you have a procedure for deleting or editing controversial, objectionable or infringing material? (Y/N)

Do you have a Terms of Use or Privacy Policy located on your website available to all users? (Y/N)

Is a social media policy in place and if yes, are all employees required to sign in agreement with its contents? (Y/N)

V. CURRENT COVERAGE

Current coverage, if any: Carrier: _____ Limits: _____ Deductible: _____ Effective Date: _____ Retro Date: _____

This questionnaire is for indication purposes only. Prior to binding, the insurance carrier a long form application completed, dated and signed including warranty statements to confirm their terms and to provide a formal bindable quote.

Signature and title of law firm representative

Date

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