BENCHMARK MANAGEMENT GROUP
SPECIALTY LINES UNDERWRITERS

DataBreach[SM]

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

This Questionnaire is for a premium estimate only. A fully completed application will be required in order to quote and bind.

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