



BENCHMARK MANAGEMENT GROUP

A STANDARD FOR EXCELLENCE

DataBreachSM

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:
- | | | |
|---|-------------------------|----------------|
| | <u>Transmit/Receive</u> | <u>Store</u> |
| (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