

NETWORK SECURITY FORM FOR PROFESSIONAL LIABILITY INSURANCE

Program for Members of:



WITH CERTAIN UNDERWRITERS AT LLOYD'S

Administered by:



Please answer the following questions accurately. By answering these questions, the information provided together with any other material facts you supply will form the basis of any contract of insurance. Where cover is required for 100% owned and managed subsidiaries of the Company, include them in your answers to all of the questions. Please submit completed application to both rey.lavilla@alliant.com and lina.millirons@alliant.com.

1.	Do you collect, handle, store, process or transmit personal data* , whether for your own purposes or on behalf of others?					YES	NO	
	a. Check all the types of personal data you handle, manage, store or control: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Social Security Numbers Credit/Debit Card Numbers Financial Account Numbers Government ID Numbers </div> <div style="width: 45%;"> Credit History and Ratings Medical Records Healthcare Records Intellectual Property of Others Other (Please Describe) </div> </div>							
	b. Do you comply with any regulatory and industry supported privacy and security compliance frameworks that apply to your business? Provide an explanation for "No" and "N/A" response.					YES	NO	NA
2.	Is all personal data* encrypted using industry standard software whilst residing on your systems (including laptop computers, removable storage devices, PDAs, smartphones and home based PCs) or being moved (transmitted electronically or physically moved) within your organization or to/from your business partners/ service providers or other public networks?					YES	NO	NA
3.	Indicate the number of personal data* records you may have residing on your systems at any one time, either at rest or in transit, including those of your employees:							
	Under 1,000	1,000-5,000	5,000-10,000	10,000-100,000	100,000 – 1 million	More than 1 million		
4.	Do you maintain IT network security procedures and protocols that include as a minimum:							
	a. Perimeter firewall protection?					YES	NO	
	b. Updated anti-virus measures?					YES	NO	
	c. Operating system and software patch management?					YES	NO	
5.	Do you outsource any of your data handling, data processing or business services? Provide the name of your Cloud service Provider (CSP) and any other Third Party Service Provider who have any of your records in their care, custody or control.					YES	NO	
	a. Do you communicate your security requirements to ensure those service providers maintain adequate data security measures to at least industry standards?					YES	NO	
	b. Do you insist under service level agreements that your service providers indemnify you for any losses you suffer as a result of their action?					YES	NO	
6.	Regarding the risks to which this proposal form relates, in the last 5 years <u>after enquiry</u> : a. Have you suffered any losses or had any claims made against the Company? b. Are you aware of any circumstances which may give rise to a loss or claim against the Company? c. Has the Company suffered or received any complaints involving any breach of security, data loss or breach of privacy d. Has the Company or any of its partners or directors been found guilty of any criminal, dishonest or fraudulent activity or been investigated by any regulatory body?					YES	NO	
						YES	NO	
						YES	NO	
						YES	NO	

*** Personal data** is information relating to an identified or identifiable person. This can include social security or salary details, physical and e-mail address details, payment card details, medical information or criminal convictions and can be in electronic or physical file format.

I/we declare that the responses given above are accurate. Where necessary I/we have provided additional material information relevant to this proposal. Given the importance of my/our answers, I/we will inform Underwriters of any material changes to these facts that occur after completion of this proposal.

Name:

Signed:

Position held at the Insured:

Date: