



Big "I"  
PROFESSIONAL  
LIABILITY

## Data Compromise Supplemental Application

1. Name of Applicant:

2. Please indicate the additional personal data compromise limits of liability you are requesting:

\$100,000       \$150,000

3. Does your website collect personal information such as the social security number, date of birth, etc., of others?       Yes       No

If yes, is it collected through a secure interface?       Yes       No

4. Does your agency have a secure firewall and up-to-date anti-virus program?       Yes       No

5. Are your agency systems password protected?       Yes       No

6. Do you restrict access to personal information?       Yes       No

7. Is encryption used when transmitting personal information through email, or when using your carrier's system?       Yes       No

8. Are portable devices containing personal information encrypted or password protected?       Yes       No

9. Are paper records containing personal information securely stored when not in use?       Yes       No

10. Does your agency shred documents containing personal information prior to disposal?       Yes       No

11. Within the last 3 years has the agency experienced a security breach or loss of personal information or been accused of a privacy violation?       Yes       No

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
[Print Name] [Print Title]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
[Must be signed by Owner, Partner or Senior Officer] [Month/Day/Year]