



**PRIVACY PROTECTION**  
Renewal Application



# TMT PRIVACY PROTECTION

## APPLICATION

If a policy is issued, it will provide coverage only for claims that are first made against the Insureds and reported to Underwriters during the policy period, or any extended reporting period, if applicable.

Notice: This application is for insurance in which the policy limit available to pay judgments or settlements shall be reduced by amounts incurred for defense costs. Further note that amounts incurred for defense costs shall be applied against the retention amount.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

### 1. Applicant details

Name:

Address:

State:  Zip Code :  Website:

### 2. Cover required

Please indicate cover required:

US \$1,000,000    
 US \$2,000,000    
 US \$3,000,000    
 US \$4,000,000   
 US \$5,000,000    
 US \$10,000,000    
 Other - specify:

Retention requested:  \$

### 3. Business activities

Please describe the nature of your business activities and include the revenue from any subsidiaries that you want covered:

Please advise the number of Doctors in your practice:       Number of other staff:

### 4. Gross revenue

Past year ending / /	Current year	Estimate for coming year
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

### 5. Privacy details

Please check the box which applies:	YES	NO
a) Do you have a written privacy policy?	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the privacy policy been reviewed by a suitably qualified attorney?	<input type="checkbox"/>	<input type="checkbox"/>
c) Does the privacy policy clearly state how someone with a privacy query or complaint can contact you?	<input type="checkbox"/>	<input type="checkbox"/>
d) Do you maintain a written policy that addresses information security, including HIPAA regulations?	<input type="checkbox"/>	<input type="checkbox"/>
e) Do you have a written process in place to notify those affected if their personally identifiable information is compromised?	<input type="checkbox"/>	<input type="checkbox"/>
f) Has a third party audited your privacy practices in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
g) Have you installed and do you maintain a firewall configuration to protect data?	<input type="checkbox"/>	<input type="checkbox"/>



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	Please check the box which applies:	YES	NO
	h) Do you use and regularly update anti-virus software?	<input type="checkbox"/>	<input type="checkbox"/>
	i) Do you monitor security vulnerabilities and appropriately patch your systems and applications?	<input type="checkbox"/>	<input type="checkbox"/>
	j) Do you store or share medical records electronically?	<input type="checkbox"/>	<input type="checkbox"/>
<b>6. Payment information</b>	a) Do you accept credit card payments in your office or via the web? If yes, please answer the questions below in section 9.	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you outsource all of your payment processing?	<input type="checkbox"/>	<input type="checkbox"/>
	c) If you outsource payment processing, do you require the processor to indemnify you for all security breaches they may have?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Do you store credit card details on your network or does it go straight off to the payment processor?	<input type="checkbox"/>	<input type="checkbox"/>
	e) Have you specifically checked that your SQL servers with credit card details are programmed to prevent SQL injection attacks?	<input type="checkbox"/>	<input type="checkbox"/>
	f) Is your credit card data on your SQL server always encrypted?	<input type="checkbox"/>	<input type="checkbox"/>
<b>7. Back up tapes</b>	a) Is all information stored on back up tapes / cassettes / disks, etc. encrypted as a standard practice?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Are back up tapes / cassettes / disks, etc. picked up, shipped, and stored by reputable third parties or storage companies?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Please list the vendor or vendors below:		
	d) Do you require that any transportation or storage company indemnify you if they loose your data or your data is lost or stolen while in their custody?	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Access Control</b>	a) Do you restrict access to sensitive information by business need-to-know?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Do you restrict physical access to sensitive information, including cardholder data and patient data if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Do you track and monitor all access to sensitive data on your network?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Is there an individual with specific responsibility for privacy matters within your organisation?	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Regulatory issues</b>	a) Have you ever been investigated in respect of the safeguards for personally identifiable information, including but not limited to credit card information, or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	b) Have you been asked to supply an attorney general or regulator or similar body with information relating to safeguards for personally identifiable information or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	c) Have you ever been asked to sign a consent order or equivalent in respect of personally identifiable information or your privacy practices?	<input type="checkbox"/>	<input type="checkbox"/>
	d) Have you ever received complaints about how someone's personally identifiable information is handled?	<input type="checkbox"/>	<input type="checkbox"/>



# TMT PRIVACY PROTECTION

10. Please fill out the grid below regarding the type and amount of information you have and the electronic protections.

Type of sensitive information transmitted, processed or stored:	A) Number of records transmitted or processed per year  B) Maximum number of records stored at any one time	Encrypted while at-rest on the network?	Encrypted while in-transit within and out of the network including on wireless networks, in file transfers and in email?	Encrypted on mobile computing devices including laptops and PDAs?	Encrypted on mobile storage devices including USB flash drives and DVDs?	Encrypted on back-up media including back-up tapes?
Social security # or individual taxpayer identification #	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Financial account record (e.g. bank accounts)	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Payment card data (credit or debit card)	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Drivers license #, passport # or other state or federal identification #	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Personal health information (PHI)	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>
Other- Please specify:	A)  B)	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> In Process <input type="checkbox"/>

**Additional detail:**

Please use the space below to describe an additional details regarding your answers above including and compensating controls implemented to protect any sensitive information that you hold



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## 12. Claims details

a) Have **you** suffered any **loss** or has any **claim** whether successful or not ever been made against you? YES  NO

If YES, please specify details (attach additional information if required):

## MATERIAL INFORMATION

Please provide us with details of any other information which may be material to our consideration of your application for insurance. If you have any doubt over whether something is relevant, please let us have details:

**Notice to New York applicants: any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.**

## DECLARATION

I declare that (a) this application form has been completed after reasonable inquiry, including but not limited to all necessary inquiries of my fellow principals, partners, officers, directors and employees, to enable me to answer the questions accurately and (b) its contents are true and accurate and not misleading.

I undertake to inform you before the inception of any policy pursuant to this application of any material change to the information already provided or any new fact or matter that may be material to the consideration of this application for insurance.

I agree that this application form and all other information which is provided are incorporated into and form the basis of any contract of insurance.

Signature of Principal/Partner/Officer/Director as authorized representative of the Applicant

Date (mm/dd/yyyy)

**A copy of this application should be retained for your records.**