

Short Privacy Questionnaire



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Please answer all the questions on this form. Before any question is answered please read carefully the declaration at the end of the application form which you are required to sign. Underwriters will rely on the statements that you make on this form. In this context, **ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS, OR OMISSIONS. PLEASE TAKE CARE IN FILLING OUT THIS FORM.**

ANY POLICY THAT MAY BE ISSUED BASED UPON THIS FORM WILL PROVIDE CLAIMS FIRST MADE AND REPORTED COVERAGE.

1) Applicant(s): _____

2) Address: _____

3) Have you identified all relevant regulatory and industry compliance frameworks that are applicable to the organization? Yes / No
(Please provide details of compliance applicable to your organization, with details of the latest audit carried out)

4) Is all sensitive and confidential information that is transmitted within and from your organization encrypted using Industry-grade mechanisms? Yes / No

5) Do you have strict user revocation procedures on user accounts and inventoried recovery of all information assets following employment termination? Yes / No

6) Do you have established procedures for ensuring the deletion of all sensitive data from systems and devices prior to their disposal from the company? Yes / No

7) Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes / No

8) Are access control procedures and hard drive encryption in force to prevent unauthorized exposure of data on all Laptops/ Blackberry's, and home based PC's? Yes / No

9) Do you ensure that all wireless networks have protected access?

10) In response to California's SB 1386 and other similar laws have you established a procedure for determining the severity of a potential data security breach and a notification procedure to all individuals who may be adversely affected by such exposures? Yes / No

11) Has the organization ever sustained a significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar? Yes / No

Safeonline LLP

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- 12) Is the organization or any of its partners, directors or officers aware of, or are there any circumstances that may give, or have given, rise to a claim against the company or against this Insurance policy? Yes / No
- 13) During the last three years has anyone alleged that their personal information has been compromised, or have you notified customers that their information was or may have been compromised? Yes / No

Declaration

I HEREBY DECLARE THAT I AM AUTHORIZED TO COMPLETE THIS APPLICATION ON BEHALF OF THE APPLICANT AND THAT AFTER DUE INQUIRY, TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE STATEMENTS AND PARTICULARS IN THIS APPLICATION ARE TRUE AND COMPLETE AND NO MATERIAL FACTS HAVE BEEN MISSTATED, SUPPRESSED, OR OMITTED. I UNDERTAKE TO INFORM UNDERWRITERS OF ANY MATERIAL ALTERATION OR ADDITION TO THESE STATEMENTS OR PARTICULARS WHICH OCCUR BEFORE OR DURING ANY CONTRACT OF INSURANCE BASED ON THE APPLICATION IS EFFECTED. I ALSO ACKNOWLEDGE THAT THIS APPLICATION (TOGETHER WITH ANY OTHER INFORMATION SUPPLIED TO UNDERWRITERS) SHALL BE THE BASIS OF SUCH CONTRACT.

I UNDERSTAND THAT UNDERWRITERS WILL RELY ON THE STATEMENTS THAT I MAKE ON THIS FORM. IN THIS CONTEXT, ANY INSURANCE COVERAGE THAT MAY BE ISSUED BASED UPON THIS FORM WILL BE VOID IF THE FORM CONTAINS FALSEHOODS, MISREPRESENTATIONS OR OMISSIONS.

Signed:* _____

Name: _____

Position:* _____

Date: _____

*the signatory should be a director or senior officer of, or a partner in, the Applicant.