**Data Compromise Coverage Limit Eligibility Questions**

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| Named Insured: |  |
|  |  |
| Coverage Effective Date: |  |

If you wish to purchase Data Compromise coverage limits of $100,000, please answer the following questions, sign below and return this document to Intact Public Entities.

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| **Healthcare Questionnaire** | **Circle One** | |
| 1. Has your organization suffered a breach of personal information in the last 12 months? (A breach refers to unauthorized access, vandalism, sabotage, loss or accidental release or publication of personal identifying information.) | Yes | No |
| 1. Do you conduct background screens for prospective employees? | Yes | No |
| 1. Is there a written document management policy in place? | Yes | No |

The undersigned document that the answers above are true and accurate.

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|  |  |
| Signature | Date |

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|  |
| Printed Name and Capacity/Title of Signatory |