**Data Compromise Coverage Eligibility Questions**

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

If you wish to purchase Data Compromise coverage, 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 |
| **General** |  |  |
| 1. Do you conduct background screens for prospective employees?
 | Yes | No |
| 1. Is access to personal information restricted for job position?
 | Yes | No |
| 1. Is there a Chief Information and/or Chief Security Officer (or equivalent)?
 | Yes | No |
| 1. Do you have a comprehensive Information Security and Privacy Policy?
 | Yes | No |
| **Information Technology** |  |  |
| 1. Is there a specific policy in place to monitor electronic patient health information?
 | Yes | No |
| 1. Is there anti-virus software installed on all computers and maintained via a central resource?
 | Yes | No |
| 1. Are wireless IT systems encrypted in accordance with WEP/WAP standards?
 | Yes | No |
| 1. Are all users issued unique ID’s and passwords?
 | Yes | No |
| **Physical Security** |  |  |
| 1. Are hardcopy files containing personal information (personnel/payroll, tax records) kept in a separate and secure area?
 | Yes | No |
| 1. Is there a written document management policy in place?
 | Yes | No |
| 1. Are physical documents archived securely offsite?
 | 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 |