**Data Compromise Coverage Eligibility Questions**

|  |  |
| --- | --- |
| 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.

|  |  |  |
| --- | --- | --- |
| **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.

|  |  |
| --- | --- |
|  |  |
| Signature | Date |

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