

## SUPPLEMENTAL APPLICATION FOR THIRD PARTY TECHNOLOGY COVERAGE

Please fully answer all questions and submit all requested information and supplemental forms. Terms appearing in bold face in this **Application** are defined in the Policy and have the same meaning in this **Application** as in the Policy. If you do not have a copy of the Policy, please request it from your agent or broker. This **Application**, including all materials submitted herewith, shall be held in confidence.

1. Please describe in detail the nature and types of technology related professional services the Applicant is engaged in.

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2. Indicate the percentage (%) of Applicant's revenue expected during the next twelve (12) months from the following: (Please answer for all that apply.) Please note that the total must equal one hundred percent (100%).

	Revenue %		Revenue %		Revenue %
a. Data Processing and Entry	_____	g. Computer Related Training	_____	m. Forum/Content Channel/ Forum Manager	_____
b. Custom Software Development	_____	h. Web Page Development Maintenance/Updates	_____	n. Electronic Commerce	_____
c. Packaged Software Development	_____	i. Basic ISP / Web space and Email	_____	o. Application Service Provider	_____
d. Consulting on Hardware/Software System Design/purchase	_____	j. ISP / Portal as i. but providing access to propriety content and services	_____	p. Other (Please explain)	_____
e. Systems Installation	_____	k. Website and server hosting for business customers	_____		
f. Systems Maintenance	_____	l. Content Provider for Web Page Forum	_____		

3. Please indicate the major software applications and receipts attributable to:

Nature	Market/Use		Total Receipts %
	Home Use %	Commercial Use %	
a) Administrative (sales data, lists, etc)	_____	_____	_____
b) Accounting (payroll, receivables, payables)	_____	_____	_____
c) Financial (savings, checking, loan, dividend accounts)	_____	_____	_____
d) Inventory Control	_____	_____	_____
e) Scientific	_____	_____	_____
f) Graphics	_____	_____	_____
g) Architectural (Model building projection)	_____	_____	_____
h) CAD/CAM: Manufacturing/ Engineering tools	_____	_____	_____
i) CASE: Application development tools	_____	_____	_____
j) Communications: Utilities/Info Services	_____	_____	_____
k) Fund Transfer	_____	_____	_____
l) Medical	_____	_____	_____
m) Educational	_____	_____	_____
n) Facilities Management	_____	_____	_____
o) Office Automation	_____	_____	_____
p) Database Management Systems	_____	_____	_____
q) LAN/Network	_____	_____	_____
r) Imaging	_____	_____	_____
s) Gatekeeper	_____	_____	_____
t) Game Development	_____	_____	_____
u) Other (please explain)	_____	_____	_____

4. Indicate the market(s) for the Applicant's products/services. Please note that the total must equal one hundred percent (100%).

	% of Applicants Receipts
Aerospace	_____
Communications/Transportation	_____
Construction/Mining/Agriculture	_____
Education	_____
Financial Institutions	_____
Government (military)	_____
Government (non military)	_____
Health Care/Medical Services	_____

Home use \_\_\_\_\_  
 Manufacturing/Industrial \_\_\_\_\_  
 Trade: Retail/Wholesale \_\_\_\_\_  
 Other (please specify) \_\_\_\_\_

5. How many of the following comprise the Applicant's network:

Server computers? \_\_\_\_\_  
 Workstation computers? \_\_\_\_\_  
 Authorized user accounts? \_\_\_\_\_  
 Geographically distinct LAN sites? \_\_\_\_\_

6. COMPUTER SYSTEMS CONTROLS

Has the Applicant suffered any known intrusions (i.e., unauthorized access) of its Computer Systems in the most recent past twelve (12) months? Yes No N/A

If Yes,

How many intrusions occurred? \_\_\_\_\_

If any damage was caused by any such intrusions, including lost time, lost business income, or costs to repair any damage to systems or to reconstruct data or software, describe the damage that occurred, and state value of any lost time, income and the costs of any repair or reconstruction:

\_\_\_\_\_  
 Describe the response taken by the Applicant to the intrusions. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Please indicate which of the following information systems policies and procedures the Applicant has published and distributed to employees:

- \_\_\_\_\_ Information system access regulations and controls,
- \_\_\_\_\_ "Acceptable Use" standards,
- \_\_\_\_\_ The company's right to monitor employee computer use and activity, including reading e-mails and monitoring website activities,
- \_\_\_\_\_ Acceptable e-mail use,
- \_\_\_\_\_ Acceptable internet use,
- \_\_\_\_\_ Password discipline,
- \_\_\_\_\_ Remote access,
- \_\_\_\_\_ Incident response, handling, and reporting,
- \_\_\_\_\_ Standards of communication for proprietary, sensitive, and confidential materials, and
- \_\_\_\_\_ Responses to threatening, malicious, or unprofessional communications.

8. Does the Applicant require positive acknowledgement from each employee of their understanding and agreement with the above policies and procedures? Yes No

9. Does the Applicant conduct training for every employee user of the information systems in security issues and procedures for its Computer Systems? Yes No

If Yes, indicate how frequent such training is provided: \_\_\_\_\_

10. Does the Applicant have a disaster recovery program? Yes      No  
If Yes, please attach.

11. Are the Applicant's internal networks and/or Computer Systems subject to third party audit or monitoring (including ethical hacking for security purposes)? Yes      No

If Yes, please summarize the scope of the service provided: \_\_\_\_\_

12. Has the Applicant undergone any business merger or acquisition that resulted in the merger of information systems in the most recent past three (3) years? Yes      No

If Yes, please describe: \_\_\_\_\_

13. COMPUTER SYSTEM ACCESS PROTECTION

A. Does the Applicant provide remote access to its Computer Systems? Yes      No

If Yes,  
How many users have remote access? \_\_\_\_\_

Is remote access restricted to Virtual Private Networks (VPNs)? Yes      No

If the answer is No, describe the extent to which other remote access is allowed, such as modem dial-in accounts, Remote Access Servers (RAS), or dedicated Frame Relay (FR) communications. \_\_\_\_\_  
\_\_\_\_\_

B. Please indicate which of the following password disciplines the Applicant enforces via automated system or software settings:

\_\_\_\_\_ Passwords must contain at least eight (8) characters. If not, what is the minimum number of characters? \_\_\_\_\_

\_\_\_\_\_ Passwords must contain a mix of letters and one or more numbers and/or special characters (\*())&%\$#).

\_\_\_\_\_ Passwords must be changed at least every thirty (30) days. If not, how often? \_\_\_\_\_

\_\_\_\_\_ Old passwords may not be re-used.

\_\_\_\_\_ Passwords may not be a word found in a standard dictionary of the English language.

C. Does the Applicant terminate all associated computer access and user accounts as part of the regular exit process when an employee leaves the company? Yes      No

D. Does the Applicant regularly compare all associated computer access and user accounts with some comprehensive employee record, such as payroll lists, to identify unauthorized or "extra" user accounts? Yes      No

If the answer to either of questions 28.C. or 28. D. is no, describe any procedures used to assure that user accounts are valid: \_\_\_\_\_  
\_\_\_\_\_

- E. Does the Applicant use commercially available firewall protection systems to prevent unauthorized access to internal networks and computer systems? Yes No
- F. Does the Applicant use intrusion detection software to detect unauthorized access to internal networks and Computer Systems? Yes No
- G. Does the Applicant accept payment on-line for goods sold or services rendered? Yes No  
 If Yes, does the Applicant use commercially available software to ensure that these systems are secure? Yes No
- H. Does the Applicant employ Anti-Virus software? Yes No  
 If Yes, is it company policy to up-grade the software as new releases/improvements become available? Yes No  
 If the answer is no, how often does the Applicant upgrade its Anti-Virus software with new releases?
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14. DATA ENCRYPTION PROCEDURES

- A. Does the Applicant have and enforce policies concerning when internal and external communication should be encrypted? Yes No  
 If Yes, describe the types of 1) internal and 2) external communications which are encrypted.
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15. MANAGEMENT OF CONTENT AND PRIVACY EXPOSURES.

- a. Does the Applicant collect, process, or maintain private or personal information as part of its business activities?  Yes  No
- If Yes:
- i. Is any of this information regulated by HIPAA, GLB, the Data Protection Act or other laws or legislation protecting private or personal information?  Yes  No
  - ii. Does the Applicant have written procedures in place to comply with laws governing the handling and/or disclosure of such information?  Yes  No
  - iv. Does the Applicant have an appointed privacy officer?  Yes  No
  - v. Does the Applicant have a legally reviewed privacy policy?  Yes  No
  - vi. Does the Applicant share private or personal information gathered from customers (by the Applicant or others) with third parties?

It is agreed that this form is part of the Architects and Engineers Professional Liability, Architects, Engineers and Contractors Pollution Liability, Technology Based Services, Technology Products, Computer Network Security, and Multimedia and Advertising Liability Insurance Application which shall be the basis of the contract should a policy be issued, and it will be attached to and become part of the policy. The undersigned authorized officer of the Applicant declares that the statements set forth in this supplemental application are true. The undersigned authorized officer agrees that if the information supplied on this supplemental application changes between the date of this supplemental application and the effective date of the insurance, the Applicant will immediately notify the Insurer of such changes, and the Insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signed:

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Must be signed by corporate officer with authority to sign on Applicant's behalf

Date:

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
Day                      Month                      Year