

**THE HARTFORD
SPECTRUM® BUSINESS OWNER'S POLICY
DATA BREACH COVERAGE -
SUPPLEMENTAL INFORMATION**



APPLICANT INFORMATION

NAME OF BUSINESS OR APPLICANT: Insured Name

PRIMARY CONTACT NAME: Contact Name FAX NUMBER: Fax Number

BUSINESS OWNER'S POLICY #: Current Spectrum Policy #

REQUESTED EFFECTIVE DATE MM/DD/YYYY*

* If more than 90 days from the original Spectrum Business Owner's Policy effective date, please attach a letter detailing any claims, suits, complaints, charges or proceedings related to any known data breach incidents involving the Applicant.

SELECT COVERAGE LIMITS DESIRED

1st Party Response Expense Coverage

- \$10,000 *
- \$25,000 *
- \$50,000 **
- \$100,000 **

* Mandatory \$1,000 deductible applies
** Mandatory \$2,500 deductible applies

3rd Party Defense & Liability Coverage (Claims Made*)**

- \$50,000
- \$100,000
- \$250,000
- \$500,000 ***

* Retroactive date defaults to policy effective date
** Only available if 1st Party Coverage is selected
*** Not available in AR, VT or WY

NO DEDUCTIBLE APPLIES TO 3RD PARTY COVERAGE

TELL US ABOUT YOUR BUSINESS

What are your annual sales/receipts? _____

If your annual sales/receipts greater than \$250,000? If YES, please answer the following questions.

1. Which of the following types of client / customer / patient information do you store (electronically or on paper), process or transmit? Select all that apply.

- Credit / Debit Card Numbers
- Social Security Numbers
- Dates of Birth
- Drivers License Numbers
- Email Addresses
- Patient Medical Data / Records
- Client Legal Data / Records
- Client Financial Data / Records
- Other _____

2. Which of the following are in place on your business' computer systems (eg: servers, laptops, networks)? Select all that apply.

- Password Protection
- Firewalls
- Antivirus Software
- Network security functions are outsourced to a 3rd party*
- None of the above

* If outsourced to a 3rd Party vendor, which of the protections above do they have in place? _____

If you indicated above that you store, process or transmit Patient Medical Data / Records, Client Legal Data / Records or Client Financial Data / Records, please answer the questions below.

3. Which of the following policies / procedures do you have in place?

- | | |
|---|--|
| <input type="checkbox"/> Criminal background check on all new hires | <input type="checkbox"/> Access to data based on job function |
| <input type="checkbox"/> Written Privacy Policy | <input type="checkbox"/> Immediate restricted access to data upon employee termination |

4. Which of the following do you or your employees use in your business?

- | | |
|---|---|
| <input type="checkbox"/> iPhone, BlackBerry or other Smart Phones | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> External Hard Drive | <input type="checkbox"/> iPad or Tablet-type Device |
| <input type="checkbox"/> Thumb Drive | <input type="checkbox"/> None of the above |

5. Which of the following steps are in place, and used to safeguard personally identifiable information stored, processed or transmitted on the devices selected above?

- | | |
|--|--|
| <input type="checkbox"/> Passcode or password protection | <input type="checkbox"/> Data erasure enabled |
| <input type="checkbox"/> Encryption of files and emails on all equipment | <input type="checkbox"/> No personally identifiable information on these devices |
| <input type="checkbox"/> Fingerprint access required | <input type="checkbox"/> None of the above |

If you indicated above that you store, process or transmit Credit or Debit card information, please answer the questions below.

6. Which of the following Credit or Debit cards is your payment processing equipment authorized to process transaction for?

- | | |
|---|--|
| <input type="checkbox"/> American Express | <input type="checkbox"/> VISA |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Other, please provide _____ |
| <input type="checkbox"/> MasterCard | |

7. If your sales exceed \$1,000,000 annually, how often is Credit / Debit card information purged from your systems?

- | | |
|---|--|
| <input type="checkbox"/> Sales do not exceed \$1,000,000 annually | <input type="checkbox"/> Within six months of transaction |
| <input type="checkbox"/> Immediately after the transaction is processed | <input type="checkbox"/> Some/all information is retained for longer than six months |
| <input type="checkbox"/> Within one month of transaction | <input type="checkbox"/> N/A. No cardholder data is stored |

Should you have any questions as you're completing this form, please contact your Hartford representative.

THE HARTFORD APPRECIATES YOUR BUSINESS