

MIEC DATAGUARD Increased Limits Program Application for Healthcare Facilities

Section One – Applicant Information

1. Name of Applicant: _____
(as it appears on the policy)

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Web Site: _____ No. of years in business: _____

Annual Gross Revenue: _____

MIEC policy #: _____

For questions 2-9, if the answer is “No”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the “No” answers.

2. Are you HIPAA compliant? Yes No
3. Does your company use anti-virus software and firewall protection on all desktops, portable devices and mission critical servers, and is it updated in accordance with the software provider’s recommendations? Yes No
4. Do you enforce a software update process that includes monitoring of vendors or automatically receiving notices from them for availability of security patches, upgrades, testing and installing critical security patches? Yes No
If “Yes”, how frequently is this done? Weekly Within 30 days More than 30 days
5. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to patient information? Yes No
6. Is all sensitive and confidential information stored on your organization’s databases, servers and data file encrypted? Yes No
7. If encryption is not in place for databases, servers and data files, are the following compensating controls in place: Yes No
a) Segregation of servers that store confidential information Yes No
b) Access control with role-based assignments Yes No
8. If your organization stores personal information on portable devices, is such data encrypted to industry standards? Yes No
9. Does your security and privacy policy include mandatory training for all employees? Yes No

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For question 10-11, if the answer is “Yes”, coverage cannot be bound as per the terms and conditions of this program. If you desire an indication outside the program, please provide the details for the “Yes” answer.

10. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant’s customers’ ability to rely on the Applicant’s network in the last 5 years? Yes No
11. Are you aware of or have knowledge of any circumstances or incidents that may give rise to a claim which would have been covered by this policy? Yes No

LIMIT OPTION DESIRED:

- \$1 mil Patient Notification & Credit Monitoring, Regulatory Fines & Penalties and Network Security & Privacy with \$0.5 mil Data Recovery
- \$1 mil Patient Notification & Credit Monitoring, Regulatory Fines & Penalties and Network Security & Privacy and Data Recovery

Requested effective date (no backdating): _____

Section Two – Notice to the Applicant

- A. The Applicant represents to the best of its knowledge and belief that the statements set forth herein are true and complete.
- B. The Applicant agrees that after receipt of the completed application form, underwriters have two working days to either confirm or deny coverage. It is also agreed this application shall be the basis of insurance and will be attached to and made part of the policy should a policy be issued.
- C. The Applicant further represents that is the information supplied on this application changes between the date of the application and the inception date of the policy period, the applicant will immediately notify underwriter of such a change, and the underwriter may modify or deny coverage.

AGREE. By checking the box to the left and the submission of this application to MIEC via E-mail or other electronic means, you acknowledge your agreement and acceptance of the preceding statements and commitment to the terms of the application as fully and with the same effect as if you had signed your signature with the intention to be legally bound as of the date this application is submitted to MIEC. ¹

¹This complies with Electronic Signature Laws.**(Must be signed and dated no more than 45 days prior to binding)**

Print Name: _____ Title: _____ Date: _____