



## PROFESSIONAL FIRST

APPLICATION FOR ARCHITECTS, ENGINEERS & CONSULTANTS PROFESSIONAL LIABILITY POLICY –  
TECHNOLOGY RISK SUPPLEMENT

### CLAIMS MADE COVERAGE

**NOTICE: THIS SUPPLEMENT IS SUBMITTED BY THE APPLICANT TO THE INSURER AND IS MADE PART OF THE APPLICATION. THIS APPLICATION WILL FORM THE BASIS OF, AND BECOME PART OF, ANY RESULTING POLICY. COVERAGE UNDER ANY SUCH POLICY WILL BE ON A CLAIMS MADE AND REPORTED BASIS. SUBJECT TO ITS PROVISIONS, THE POLICY APPLIES ONLY TO CLAIMS WHICH ARE BOTH FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD AND FIRST REPORTED IN WRITING TO THE INSURER AS REQUIRED BY THE TERMS OF THE POLICY. COVERED DEFENSE COSTS SHALL REDUCE THE APPLICABLE LIMIT OF LIABILITY AND SUBLIMITS OF LIABILITY, AND SHALL ALSO BE SUBJECT TO APPLICABLE DEDUCTIBLE AMOUNTS.**

**Applicant Instructions:** Answer all questions. If the answer requires additional detail, please attach a separate sheet. This application must be signed and dated by the Owner if Applicant is a Sole Proprietorship; Partner, if Applicant is a Partnership; or Authorized Officer if Applicant is a Corporation.

1. **Name of Firm:** \_\_\_\_\_

2. **Does the firm provide remote access to its computer systems?**  Yes  No

a. How many users have remote access? \_\_\_\_\_

b. Is remote access restricted to Virtual Private networks (VPNs)?  Yes  No

3. **Does the firm have documented procedures in place for user and password management?**  Yes  No

Describe password requirements: \_\_\_\_\_

4. **Does the firm use a firewall to prevent unauthorized access?**  Yes  No

If yes, please describe: \_\_\_\_\_

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

Does the firm regularly compare all computer access/user accounts with a comprehensive employee record to identify potential unauthorized users/accounts?  Yes  No

6. **Does the firm accept payment on-line for goods sold or services rendered?**  Yes  No

If yes, is the firm PCI compliant?  Yes  No

7. **Does the firm have a virus protection program in place?**  Yes  No

a. If yes, please describe: \_\_\_\_\_

b. Does the firm regularly implement patches on its network?  Yes  No

c. If yes, how often? \_\_\_\_\_

8. Does the firm back up data daily?  Yes  No

If yes, are data backups stored off site?  Yes  No

9. Does the firm have a written disaster recovery and business continuity plan for network systems?  Yes  No

10. Does the firm have an incident response plan in place?  Yes  No

How long would it take to restore operations after a computer attack? \_\_\_\_\_ hours

11. Does the firm have physical security controls in place to control access to network systems?  Yes  No

12. Does the firm conduct training for every employee user of the network systems in security issues and procedures?  Yes  No

13. Does the firm employ intrusion detection/intrusion protection devices on their network?  Yes  No

How often are intrusion logs reviewed?: \_\_\_\_\_

14. Does the firm have a program in place to periodically test security controls?  Yes  No

a. Does the firm conduct information security/privacy compliance evaluations?  Yes  No

b. For both parts, if yes, is such testing done by an outside third party?  Yes  No

15. Have you ensured that all sensitive business/consumer information that resides within your organization's systems has been encrypted while 'at rest' within databases or other electronic data files?  Yes  No

16. Have you ensured that all sensitive business/consumer information that is physically transmitted via tape or any other medium between your organization's facilities and those of your business partners/service providers has been encrypted?  Yes  No

17. Does the firm outsource any aspect of the computer network or security processes (hosting, back up, firewall, etc)?  Yes  No

If yes, please describe: \_\_\_\_\_

18. Within the past three (3) years, has the firm received any complaints concerning security of computer systems or websites, or experienced any loss of service?  Yes  No

If yes, please describe: \_\_\_\_\_

19. Within the past three (3) years, has the firm had any security breaches including unauthorized access/use/disclosure, virus, denial of service attack, theft of data, fraud, electronic vandalism, sabotage or other security event?  Yes  No

If yes, please describe: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_