


Information & Network Technology Errors or Omissions Application (Claims Made and Reported Coverage)

LIABILITY OF THE COMPANY DOES NOT COMMENCE UNTIL THE PROPOSAL HAS BEEN ACCEPTED AND THE PREMIUM HAS BEEN RECEIVED IN ACCORDANCE WITH THE PROVISIONS OF SECTION 64VB OF THE INSURANCE ACT, 1938

Before continuing, you will first need to provide us with the following:

1. Advertising Materials and Product Brochures.
3. Copies of your standard and largest sales, service & license contracts or agreements.
4. Your most recent annual report or audited financial statement.
5. Your proforma and business plan if your company is less than three years old.
6. Loss history for the last five years.
7. A sample of your "Work for Hire" contract with your subcontractors.

Some sections of the application may not apply to your firm. Where this is the case, please mark "not applicable" (N/A). If you do not find sufficient space in any of the above columns, please use additional sheets for giving full details.

Applicant Information

| | | | |
|--|--|-----------------------------|--|
| Applicant Name: (include names of all subsidiary or affiliated companies to be insured): | | | |
| Head Office Address: | | | |
| Requested Effective Date: | | Requested Retroactive Date: | |

Part I. General Information

| |
|---|
| 1. List all of your web site addresses: |
|---|

| | | | | | |
|--|--|---------------------------------|---|---|---|
| 2. (i) Number of years in business: | | (ii) Total number of employees: | | (iii) Average annual turnover of employees: | % |
| e(iv) Composition of workforce (% based) | | Technical | % | Sales and Marketing | % |

3. Limit of Insurance

| | | | | | |
|--------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|-----------------------------------|
| Errors & Omissions | <input type="checkbox"/> \$1m | <input type="checkbox"/> \$2m | <input type="checkbox"/> \$5m | <input type="checkbox"/> \$10m | <input type="checkbox"/> Other \$ |
|--------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|-----------------------------------|

4. Deductible (each claim):

| | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> \$25,000 | <input type="checkbox"/> \$50,000 | <input type="checkbox"/> \$100,000 | <input type="checkbox"/> \$250,000 | <input type="checkbox"/> \$500,000 | <input type="checkbox"/> Other \$ |
|-----------------------------------|-----------------------------------|------------------------------------|------------------------------------|------------------------------------|-----------------------------------|

5. Worldwide Revenue, including Licensing Fees:

| | Domestic | USA/Canada | Rest of World | Total |
|---------------------|----------|------------|---------------|-------|
| Prior Year | \$ | \$ | \$ | \$ |
| Current Year | \$ | \$ | \$ | \$ |
| Estimated Next Year | \$ | \$ | \$ | \$ |

| | | |
|--|------------------------------|-----------------------------|
| 6. Do you have any operations in the United States of America? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

7. Financials

| | | | | | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Over the past four years, how many years did you post a positive net income? | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|

Mergers or Acquisitions or Divestitures

| | | |
|---|---------------------------------|--------------------------------------|
| 8. Have you sold any companies during the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please detail: | | |
| Did you retain the liabilities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Have you acquired or merged with any companies or acquired any assets during the past three years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If yes, please detail: | | |
| Did you purchase? | <input type="checkbox"/> Assets | <input type="checkbox"/> Liabilities |

Part II. Types of Products and Services

| |
|---|
| 1. Describe your business operations, and the application of your products or services: |
| 2. Describe Typical Customer / End User: |

3. Business Products & Services

Select any of the following products and services currently generating 5% or more of your revenue:

| Revenue Source | % of Annual Revenue |
|---|---------------------|
| * Please also complete the Network and Security questions on page 8 of this application | |
| Software Development | |
| <input type="checkbox"/> Prepackaged Software | % |
| <input type="checkbox"/> Custom Software | % |
| <input type="checkbox"/> Internet Infrastructure Software | % |
| Consulting, System Integration and Design | |
| <input type="checkbox"/> Consulting | % |
| <input type="checkbox"/> System Integration and Design | % |
| Hardware or Network Equipment & Components | |
| <input type="checkbox"/> Hardware Manufacture | % |
| <input type="checkbox"/> Hardware Assembly | % |
| Networking Voice and Data Transport | |

| | | |
|---|---|---|
| <input type="checkbox"/> * | Networking Voice and Data Transport | % |
| Data Entry, Time Sharing, Processing or Billing Services | | |
| <input type="checkbox"/> * | Data Entry, Time Sharing, Processing or Billing Service | % |
| Value Added Services | | |
| <input type="checkbox"/> | Networking Infrastructure Construction or Design | % |
| <input type="checkbox"/> | Maintenance, Service or Support; Engineering | % |
| <input type="checkbox"/> | Value Added Reselling | % |
| <input type="checkbox"/> * | Internet Service / Access Provider, Internet Portal | % |
| <input type="checkbox"/> * | Application Service Provider | % |
| <input type="checkbox"/> | Temporary Leasing of Computer Programmers | % |
| <input type="checkbox"/> * | Web Hosting and Design | % |
| <input type="checkbox"/> * | Data Center / Outsourcing / Network Managed Services | % |
| <input type="checkbox"/> | Video Conferencing | % |
| <input type="checkbox"/> | Directory or Operator Services | % |
| <input type="checkbox"/> | Call Centers and Help Desk | % |
| <input type="checkbox"/> | Data Retrieval / Infomediary / Search Engine | % |
| <input type="checkbox"/> | Retail or Wholesale Sales | % |
| <input type="checkbox"/> | Other | % |
| * Please also complete the Network and Security questions on page 8 of this application | | |
| Please describe any Other products or services: | | |
| Please describe your consulting activities: | | |

Part III. Application of Products and Services

| 1. If the application of any products you develop, or services you provide, is included in the list below, identify them and indicate the percentage of annual revenue: | % of Annual Revenue | | | |
|---|----------------------------|---------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Network or online security advice or products | % | | | |
| <input type="checkbox"/> Process Control, Monitoring or Safety Critical | % | | | |
| <input type="checkbox"/> Banking or financial transactions | % | | | |
| <input type="checkbox"/> Sales, Distribution & Inventory Management | % | | | |
| <input type="checkbox"/> Government | % | | | |
| <input type="checkbox"/> Enterprise Resource Planning | % | | | |
| <input type="checkbox"/> Customer Relationship Management | % | | | |
| <input type="checkbox"/> Supply Chain Management | % | | | |
| <input type="checkbox"/> Enterprise Application Integration | % | | | |
| <input type="checkbox"/> Health Care or Medical Purposes | % | | | |
| <input type="checkbox"/> Aerospace or Defense applications | % | | | |
| <input type="checkbox"/> Fire, security, or other emergency applications | % | | | |
| <input type="checkbox"/> Oil and Gas, Power or Nuclear Energy | % | | | |
| <input type="checkbox"/> Pollution or Environmental | % | | | |
| <input type="checkbox"/> Content and Knowledge Management | % | | | |
| <input type="checkbox"/> Smart card solutions or Virtual Private Networks | % | | | |
| <input type="checkbox"/> Payroll or Accounting | % | | | |
| <input type="checkbox"/> Entertainment or Gaming | % | | | |
| 2. Number of different products currently supported or distributed: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 to 3 | <input type="checkbox"/> 4 to 6 | <input type="checkbox"/> > than 6 |

| | | | | |
|---|--|---------------------------------|--|---|
| 3. Number of various types of work/services being performed: | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 to 3 | <input type="checkbox"/> 4 to 6 | <input type="checkbox"/> > than 6 |
| 4. If your products are consumer oriented in nature, please provide the total number of units sold over the last five years: | <input type="checkbox"/> Less than 5,000 units | | <input type="checkbox"/> 5,000 to 10,000 units | <input type="checkbox"/> more than 10,000 units |
| 5. What would be the largest financial and business impact on your customer from a failure of any of your products or services? | <input type="checkbox"/> No Disruption | | <input type="checkbox"/> Minor or Delayed | <input type="checkbox"/> Major or Immediate |
| Please describe: | | | | |

6. List any customer that represents 10% or more of your total annual revenue:

| Customer | Revenue | Product or Service |
|----------|---------|--------------------|
| | | |
| | | |
| | | |
| | | |

Part IV. Contracts and Agreements

| | | |
|--|---|------------------------------|
| 1. What is the value of your largest contract or agreement? | \$ | |
| 2. What is the maximum contract, agreement or purchase order length? (# of Whole or Partial Months) | | |
| 3. What is the value of your average contract, agreement, or purchase order? | \$ | |
| 4. What is the average contract, agreement, or purchase order length? (# of Whole or Partial Months) | | |
| 5. Do all your contracts or agreements limit your liability to the cost of your product or service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you negotiate contracts or agreements in which you accept liability for consequential damages, except for Intellectual Property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate % of the time: % |
| 7. Do you perform legal review of all standard contracts & marketing materials prior to release? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Will you accept customized or non-standard contracts, agreements or purchase orders? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate % of the time: % |
| 9. Does legal counsel review all customized contracts prior to release? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are your global contracts or agreements written with the same provisions as your domestic contracts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Do you enter into contracts for a specified dollar value (i.e. fixed price contracts) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Indicate % of the time: % |

12. Provide the following information for your five largest contracts, purchase orders or agreements:

| Customer Name | Size of Contract (\$) | Length (Months) | Development Cost (%) | License Fees (%) | Maintenance Cost / Fees (%) | Type of Products / Services |
|---------------|-----------------------|-----------------|----------------------|------------------|-----------------------------|-----------------------------|
| | \$ | | % | % | % | |
| | \$ | | % | % | % | |
| | \$ | | % | % | % | |
| | \$ | | % | % | % | |
| | \$ | | % | % | % | |

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 13. Indicate which of the following provisions are included in your standard customer contracts or agreements: | | | |
| Statement of Work and Specifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Deliverables and Installation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Mutual Hold Harmless Agreement | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Disclaimer of Warranties | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Dispute Resolution / Arbitration Provision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Severability Clause | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Term and Termination | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Integration or Entire Agreement Provision | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Force Majeure Clause | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Part V. Subcontractors

| | | |
|--|------------------------------|-----------------------------|
| 1. Do you subcontract over 20% of development, implementation or support of your products or services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. What percentage of work is generated using subcontractors? | % | |
| 3. Indicate which of the following services you specifically subcontract to others: | | |
| Software Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Systems Integration and Design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Service, Support, Customer Consulting, Call Center Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintenance of your product | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Billing Services | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Networking Infrastructure Construction and Design | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Network or Facilities Management and Maintenance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Infrastructure, Network or Systems Security | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Data Storage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part VI. Quality Control and Product or System Development and Customer Sign-off Procedures

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. Do your quality control procedures or initiatives include the following: | | | |
| Written and Formalized Quality Control Program | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Formal Customer Evaluation and Acceptance Procedures | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Vendor or VAR Certification Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Prototype Development | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Formal Product Recall Plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Alpha Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Beta Testing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 2. Do your product or systems development procedures include the following: | | | |
| Systems development methodology in writing | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| A written proposal in order to determine customer performance expectations is required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| A written contract of specifications of products and services signed by the customer | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A written agreement outlining the scope of the project or services | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Contract/Statement of work which outlines responsibilities of all parties | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

| | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 3. Do your Customer sign-off procedures include the following: | | | |
| Interim changes documented with customer sign-off are required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Performance milestones acknowledged and accepted with customer sign-off when achieved | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Final test made with the customer and sign-off is required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| A final acceptance letter or sign off agreement from the customer is required | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Formal policy for documenting/responding to customer complaints/requests for changes/fixes | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Part VII. Customer Support

| | | |
|--|------------------------------|-----------------------------|
| 1. Do you have at least two forms of customer or product support? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Describe your customer training and support: | | |
| 3. Do you maintain written logs for customer complaints of problems or downtime? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Describe your dispute resolution process: | | |

Part VIII. Historical Information

| | | |
|---|------------------------------|-----------------------------|
| 1. In the past three years, have you or your subcontractors experienced any of the following: | | |
| Product Recalls | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Delayed or past due Contracts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Within the past three years, have any customers withheld payment or requested a refund because your products or services: | | |
| Did not meet the customer's performance expectations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did not perform in compliance with your warranties or representations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain: | | |
| 3. Are you aware of any act, error or omission, unresolved contract dispute or any other circumstances, which may reasonably be expected to result in a claim? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain: | | |
| 4. Within the past three years, have you sued any customers for nonpayment of contracts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain: | | |
| 5. List and provide details on any suits, potential suits, complaint letters, disputes or any other circumstances alleging nonperformance of contract or nonperformance of your products or services: | | |
| 6. Has any company ever declined to write, cancelled or non-renewed Errors or Omissions/Professional Liability coverage for you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain: | | |

| | | | |
|---|--|------------------------------|-----------------------------|
| 7. Do you currently purchase Errors or Omissions/Professional Liability coverage? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Carrier Name | | | |
| Effective Date | | | |
| Limit | | | |
| Deductible | | | |
| Retroactive Date | | | |
| Premium | | | |

Applicant Acknowledgement

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE COMPANIES IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. AS SUCH, ANY NOTICE MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

For the purposes of this application, the undersigned officer of all person(s) and entity(ies) proposed for this insurance declares that, to the best of his/her knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete. The company is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate the company to complete this insurance, but it is agreed that this application and other information submitted to us by you or on your behalf or by or on behalf of any other party applying for this insurance shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment(s) change materially before the effective date of any proposed policy, the applicant must notify the company, and the company may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both payment of damages and claim adjustment expenses as set out in the policy.

Claim Adjustment Expenses provisions—Please note that the policy stipulate that the limits of liability may be completely exhausted by the payment of claim adjustment expenses. Any deductible or retention shall apply to claim adjustment expenses as well as indemnity. Please initial:

/ /

Signature of Authorized Representative & Title

Date

/ /

Signature of an Executive Officer of the Applicant & Title

Date

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NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

ANY PERSON WHO, BY ANY STATEMENT, PROMISE OR REPRESENTATION WHICH HE KNOWS TO BE FALSE, MISLEADING OR DECEPTIVE, OR BY ANY DISHONEST CONCEALMENT OF MATERIAL FACTS, OR BY THE RECKLESS MAKING (DISHONEST OR OTHERWISE) OF ANY STATEMENT, PROMISE OR REPRESENTATION WHICH IS FALSE, MISLEADING OR DECEPTIVE, INDUCES OR ATTEMPTS TO INDUCE ANOTHER PERSON TO ENTER INTO OR OFFER TO ENTER INTO ANY CONTRACT OF INSURANCE COMMITS AN OFFENCE.

Notice

The rebate of premiums shall be allowed only in accordance with the details given in the prospectus or table of premium rates [or, as the case may be, the relevant document]. An offer or acceptance of any other rebate shall be an offence under section 41 of the Act.

Section 41 of the Insurance Act : Prohibition of Rebates

- (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- (2) Any person making default in complying with the provisions of this section shall be punishable with fine which may extend to Five Hundred Rupees.

PLEASE ALSO COMPLETE THE NETWORK AND SECURITY SECTION IF YOU PERFORM ANY OF THE FOLLOWING NETWORKING SERVICES:

Network Voice and Data Transport, Internet Service / Access Provider, Internet Portal, Application Service Provider, Web Hosting, Data Center, Outsourcing, Network Managed Services, Facilities Management, Data Entry, Processing and Billing Services.

Part IX. Network & Facility Management

Security Management

| | | |
|---|------------------------------|-----------------------------|
| 1. Do you advertise or contractually stipulate that your network is "secure"? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you limit your liability in contracts for any breach of your security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Please explain: | | |
| 3. Are firewalls used to prevent unauthorized access from computer systems and both internal and external networks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Are remote users authenticated before being allowed to connect to private or dedicated lines, VPN's, computer systems, or internal networks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your security system include password protection? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do you have internal data security? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. What type of encryption is used to secure data and information? | | |
| 8. Do you host any sensitive information, such as credit card or other information assets, for your clients? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do others rely on your network for directly generating revenue or taking customer orders? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Are you responsible for any tangible property of clients such as servers or other equipment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Are anti-virus tools and procedures used on desktops and mission critical servers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. How often are the tools and procedures updated? | | |
| 13. Do you have a formal patch management process in place? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are back-up and recovery procedures for all mission critical systems in place and documented? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Are business continuity plans in place for all mission critical business processes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are your network and computer systems monitored? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| By Whom? | | |
| How Often? | | |
| 17. How do you learn about newly discovered weaknesses? | | |

| | | |
|--|------------------------------|-----------------------------|
| 18. Do you receive CERT advisories, or any other similar notification? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. What action do you take as a result and what is the time frame for such action? | | |
| 20. Do you outsource the management or maintenance of any part of your computer system or network, such as servers, firewalls etc. to others? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 21. Provide the details of vendors, including their names and services provided: | | |
| 22. Do you perform background checks, including credit and criminal history, on new programming, technical or security employees, independent consultants and vendors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 23. Are all employees required to sign a statement that allows you to conduct mid-employment screenings at your discretion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 24. Are all employees provided with your systems security policy manual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all employees required to provide written confirmation acknowledging that they have received, read and understood the contents of the security policy manual? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are all employees required to sign a statement confirming that failure to follow security procedures set forth in your systems security policy manual will result in disciplinary action, up to and including termination? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is training provided? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 25. Do employee termination procedures include immediate revocation of all access to systems, facilities and networks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 26. Have you experienced a security breach? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Provide details: | | |
| What have you done to prevent it from occurring again? | | |

Network Redundancy & Availability

| | | |
|---|------------------------------|-----------------------------|
| 27. Does your network redundancy and availability loss prevention include the following: | | |
| Looped network architecture | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Network monitoring with automatic response | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Load balancing available and offered to all customers | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Management of third party providers (audits, agreements, etc) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dependency on third party networks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back up power | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Automatic virus detection operating over your entire network | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use a standard service level agreement in which parameters for network availability are spelled out? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If none of the above are used, please explain your approach to network redundancy and availability loss prevention: | | |

| | |
|--|---|
| 28. What is your network's excess capacity percentage during the following periods? | |
| Peak Demand | % |
| Average Demand | % |

Network Reliability

| | | |
|---|------------------------------|-----------------------------|
| 29. Does your network reliability loss prevention include the following: | | |
| Audits of system performance, including trend analysis and incident investigation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Manufacturer warranties on system components | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Compliance with network warranty stipulations | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meeting or exceeding manufacturer's specifications for preventive maintenance and scheduling | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If none of the above are used, please explain your approach to network reliability loss prevention: | | |

Infrastructure Protection

| | | |
|--|------------------------------|-----------------------------|
| 30. Do you host, store, or maintain customer servers, data or information? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| At each location at which you host customer property, data or information, does your physical protection include the following: | | |
| An automatic sprinkler system connected to a central station alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Automatic smoke detection connected to a central station alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Automatic heat detection connected to a central station alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Premises intrusion detection connected to a central station alarm | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Power surge protection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An independent, back-up power supply | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An emergency response team | <input type="checkbox"/> Yes | <input type="checkbox"/> No |