

**MEDTECH ELITE ENDORSEMENT**  
**TECHNOLOGY/REGULATORY/PRIVACY SUPPLEMENTAL APPLICATION**

This is a supplemental application to be completed with the Miscellaneous Medical Professional Liability

Application Applicant's Name:

Network Security Measures and Procedures

- 1) Please describe your security measures utilized to protect:
  - a. Your physical premises and facilities:
  
  
  
  
  
  
  
  
  
  
  - b. Your computer network and systems:
  
- 2) Please describe security measures and procedures used to protect sensitive data in your care, custody and control.
  
  
  
  
  
  
  
  
  
  
- 3) Please describe security measures and procedures used to secure, protect, monitor and track mobile hardware (laptops, communication devices, etc.).
  
  
  
  
  
  
  
  
  
  
- 4) Do you have a formal, documented security policy? Yes      No  
Are all employees required to read, receive and understand security policy? Yes      No
  
- 5) Are employees/contractors references contacted prior to hiring? Yes      No  
How are references checked  Written     Verbal     Both  
If verbal only, please explain  
Do you question prospective employees/contractors as to any criminal record? Yes      No  
Do you verify certification and/or professional licensure status of employees/contractors: Yes      No  
Are employees/contractors screened to rule out drug, alcohol and/or sexual abuse? Yes      No

- |   |     |    |
|---|-----|----|
| 6) Are you currently HIPAA/HITECH compliant?  | Yes | No |
| 7) Do you utilize encryption for data stored?                                       | Yes | No |
| Do you utilize encryption for data transmitted between locations or systems?        | Yes | No |
| 8) Do you backup computer systems and data?   | Yes | No |
| If "yes" : How often are backups performed?   |     |    |
| If "yes" : Are backups stored off site?   | Yes | No |
| 9) Are your computer systems and networks actively monitored?                       | Yes | No |
| If "yes" : By whom?   |     |    |
| 10) Have you experienced any security breaches or data loss events?                 | Yes | No |
| If "yes" : Please explain the specifics and any action taken to prevent recurrence: |     |    |

I/We declare that I/we have reviewed this Application for accuracy before signing it, that the above statements and representations are true and correct, and that no facts have been suppressed or misstated. I/We understand that this is an application for insurance only and that the completion and submission of this Application does not bind the Company to sell nor the applicant to purchase this insurance. I/We nevertheless acknowledge that any contract of insurance issued by the Company in response to this Application will be in full reliance upon the statements and representations made in this Application. I/We understand that any contract of insurance issued by the Company in response to this Application will be issued on a claims made form.

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance, or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any material fact, commits a fraudulent insurance act, which is a crime and may also be subject to civil penalty.

I/We hereby declare that the above statements and particulars are true and I/we agree that this Application shall be the basis for any contract of insurance issued by the Company in response to it.

Electronic Signature of  
Applicant or Authorized  
Representative:

Current Date:

Title:

If you prefer not to return Application with an electronic signature, please print and sign below.

Signature of Applicant  
or Authorized  
Representative

Current Date:

Title