



Hiscox Privacy Ballpark Application

Notice: This indication sheet is for a **non-binding indication** for privacy insurance only. A contract of insurance cannot be confirmed with this alone.

Please include subsidiary companies (companies in which you directly or indirectly own more than 50% of the assets or outstanding voting shares or interests).

1. Applicant details

Name:

Address:

Website:

2. Cover required

Please indicate cover required:

US \$1,000,000

US \$2,000,000

US \$3,000,000

US \$5,000,000

3. Business Activities

Please describe business activities of your company and include the revenue from any subsidiaries that you want covered:

4. Types of personally identifiable information (PII) held

Social security numbers

credit card numbers

personal health information

bank account details

Driving licenses

Other. Please specify _____

5. Amount of personally identifiable information held

Number of Social Security numbers, credit cards numbers, drivers license numbers, etc.

5. Gross revenue

Past year ending / /	Current year	Estimated for coming year
\$	\$	\$

6. Written policies

Do you have a written privacy policy?

Yes

No

7. Privacy audit

Has a third party audited your privacy and IT Security practices in the last 2 years?

8. Encryption

Do you encrypt PII at rest (on a database or laptop) and in transit (email or file transfer)?

If no, please describe any compensating controls:

9. Network Security and Monitoring

Have you installed and do you maintain a firewall configuration to protect data?

10. Access Control

Do you restrict access to data by business need-to-know?

11. Regulatory issues

Have you ever been investigated in respect of the safeguards for personally identifiable information, including but not limited to credit card information, or your privacy practices?