

P.O. Box 504 Okemos, MI 48864
 Toll free: 888.280.8710

DATABASE INSURANCE INDICATION QUESTIONNAIRE

This is a quick quote indication form ONLY... YOU CAN NOT BIND COVERAGE BASED ON THIS INFORMATION ONLY. A COMPLETED APPLICATION WILL BE NEEDED TO BIND COVERAGE.

I. GENERAL INFORMATION

Full Name of Applicant			
Description of Business:			
Corporate Structure	<input type="checkbox"/> Non-profit <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Private with public debt		
State of Incorporation:	- or - <input type="checkbox"/> N/A		
Applicant Contact Name:		Contact E-Mail Address:	
Mailing Address:			
City, State, Zip:			
Telephone:		Fax:	
Subsidiary Coverage**:	<input type="checkbox"/> Requested <input type="checkbox"/> Not Requested (<i>Attach list of subsidiaries for which coverage is requested with addresses, websites, and business descriptions.</i>) **		
Applicant Home Page:			
Year Established:		Number of Employees:	
Projected Annual Revenue:	\$	Year end Assets:	\$

II. APPLICANT'S ACTIVITIES

1. Industry NAIC Code and Title:
2. Retail Sales:
 - a. What percentage of annual sales are retail sales or services, meaning sales or services direct to individual consumers?
 Less than 5%
 More than 5% and less than 50%
 More than 50%
 - b. If applicable, are you in compliance with requirements provided to you by a financial institution in connection with an agreement to accept credit card transactions including CISP; the PCI Data Security Standard; or, any other requirements provided to you?
 Yes No
3. Does **Applicant** have EACH of the following in place:

a. a person or group responsible for information security	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. a virus protection program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. a firewall	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. a software update process, including updating patches and anti-virus software	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. a complete network scan of external ports completed once every 90 days	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f. a user awareness training program for privacy and information security issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4. Does **Applicant** have a current Information Security Policy which documents security procedures, responsibilities, and testing? Yes No
5. Does the Applicant have a current Information Security Incident Response Plan covering unintended release, theft or loss of personal information? Yes No
6. Does **Applicant** encrypt all sensitive and Personally Identifiable Information? Yes No
7. Has Applicant had a theft of or unintended release of personal information in the past 3 years or been named in a an administrative investigation, hearing or disciplinary action conducted by a Federal, State, or Local Regulator or a civil or criminal proceeding that involves identity theft or a privacy violation of any nature? Yes No
- If yes, describe the outcome and include any corrective action taken:
- _____

The undersigned is a duly authorized representative of the **Applicant** and hereby acknowledges that reasonable inquiry has been made to obtain the answers herein which are true, correct, and complete to his/her best knowledge and belief.

Signed _____ Date _____
 (Duly authorized representative, by and on behalf of the **Applicant**)

Name _____
 Title _____
 (must be signed by an authorized officer)

Broker Name:			
Broker Contact Name:		Broker E-mail Address:	
Broker Address:			
Broker City, State, Zip:			
Broker Telephone:		Broker Fax:	
Broker License Number:		<input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Excess and Surplus Lines	