

AIG eBusiness Risk Solutions Security Self-Assessment

(Network Security Insurance Application)

Please answer all of the following questions completely, truthfully and accurately. As used herein, "Company" includes the company applying for network security coverage and its subsidiaries also seeking coverage.

If more space is needed, please attach a separate document to this application to provide complete answers.

1. Does your Company have a virus protection program in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please identify the software used:
2. Does your Company have a firewall in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," please identify the firewall used:
3. Does your Company enforce a software update process, including updating patches and anti-virus software?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Does your Company have a process for managing computer accounts, including removing computer users in a timely fashion?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Do your Company's access control procedures address access to critical and sensitive computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Does your Company have physical security controls in place to control access to your computer systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Does your Company have an information security incident response plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. How long does it take to restore your Company's operations after a computer attack or other loss/corruption of data?	<input type="checkbox"/> 12 hours or less <input type="checkbox"/> 12-24 hours <input type="checkbox"/> More than 24 hours	
9. Does your Company have person or group responsible for information security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Does your Company use standard configurations for firewalls, routers, and operating systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. Does your company process, store or handle credit card information?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, are you compliant with all data security standards issued by card issuers or financial institutions that you transact business with?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Undetermined	
12. Does your Company have a program in place to periodically test security controls?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If, "Yes," has your Company undergone any information security or privacy compliance evaluation?	<input type="checkbox"/> Yes -- please identify the type of evaluation, when it last took place, and whether your Company was found to be in compliance: <input type="checkbox"/> No	
13. Does your Company outsource any aspect of: (i) its computer system/network (i.e., hosting, back up site, etc); or (ii) its information security (i.e., intrusion detection, firewall, etc)	(i) <input type="checkbox"/> Yes <input type="checkbox"/> No	(ii) <input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes" to either, please identify the principal vendor(s): (i) _____ (ii) _____	
14. During the past 5 years, has a complaint, claim, demand, lawsuit or regulatory proceeding concerning the security of a computer system or website been made or initiated against your Company?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
15. During the past 3 years, has your Company suffered any breach or failure of computer security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe:

BY SIGNING BELOW, THE UNDERSIGNED DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY STATES AND REPRESENTS THAT THE INFORMATION FURNISHED IN THIS APPLICATION IS COMPLETE, TRUE AND CORRECT. ANY MISREPRESENTATION, OMISSION, CONCEALMENT OR INCORRECT STATEMENT IN THIS APPLICATION OR ATTACHMENT, SHALL BE GROUNDS FOR THE RESCISSION OF ANY POLICY ISSUED. SHOULD INSURER ISSUE A POLICY, COMPANY AGREES THAT SUCH POLICY IS ISSUED IN RELIANCE UPON THE TRUTH, COMPLETENESS, AND ACCURACY OF THE STATEMENTS AND REPRESENTATIONS IN THIS APPLICATION OR ATTACHMENT, AND SUCH STATEMENTS AND REPRESENTATIONS ARE THE BASIS OF SUCH POLICY.

THE UNDERSIGNED, HEREBY AGREES, WARRANTS AND REPRESENTS THAT HE OR SHE IS A DULY AUTHORIZED REPRESENTATIVE OF THE COMPANY, AND IS FULLY AUTHORIZED TO ANSWER AND MAKE STATEMENTS AND REPRESENTATIONS BY AND ON BEHALF OF THE COMPANY.

Signed: _____ Date: _____
 Print Name & Title: _____ Company: _____