



PRIVACY & NETWORK LIABILITY QUOTE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Annual Revenue: \_\_\_\_\_ Industry: \_\_\_\_\_

1. Are you currently compliant with the Payment Card Industry Data Security Standard (PCI DSS)? Yes No

\_\_\_\_\_ If No Explain

2. Is firewall technology used at all Internet points-of-presence to prevent unauthorized access to internal networks? Yes No

3. Does your company use anti-virus software on all desktops, portable computers and mission critical servers? Yes No

4. Are documented procedures in place for user and password management? Yes No

5. Are your systems backed up? Yes No

6. Has the applicant ever sustained a significant systems intrusion, tampering, virus, or malicious code attack, loss of data, hacking incident, data theft or similar? Yes No

\_\_\_\_\_ If Yes Explain

7. Has anyone alleged that their personal information has been compromised, or have you notified customers that their information was or may have been compromised? Yes No

\_\_\_\_\_ If Yes Explain

Agency Name: \_\_\_\_\_

Producer Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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For questions, contact Jennifer Bongiorno jbongiorno@firstchoiceii.com
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