



2. a) Do you perform Electronic Funds Transfer? ..... [ ] Yes [ ] No  
 If yes, please answer questions b) through f) below.
- b) Average daily dollar amount of all Electronic Funds Transfers: \$ \_\_\_\_\_
- c) Average single transaction amount: \$ \_\_\_\_\_
- d) Maximum single transaction amount: \$ \_\_\_\_\_
- e) Do you maintain a written internal procedures manual relative to Electronic Funds Transfer operations?..... [ ] Yes [ ] No
- f) Do you require that no one operator be allowed to handle a transaction completely?..... [ ] Yes [ ] No
3. Describe your most critical ECS applications including security features unique to each application and dates of design and implementation:
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**SECTION III HARDWARE CONFIGURATION & FACILITY PROTECTION**

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1. Describe your current Electronic Communications system, including inventory of equipment. Description should include telecommunications systems:
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2. Do you use personal laptop computers?..... [ ] Yes [ ] No  
 If yes, are the laptops able to interface with your ECS system? ..... [ ] Yes [ ] No  
 Please explain: \_\_\_\_\_
- 
3. a) Do you have a comprehensive ECS standards manual? ..... [ ] Yes [ ] No  
 b) Do you have a comprehensive disaster recovery plan? ..... [ ] Yes [ ] No  
 If yes:  
 (i) Is the plan tested on a regular basis? ..... [ ] Yes [ ] No  
 Date of last test: \_\_\_\_\_  
 (ii) Has your disaster recovery plan been certified by a recognized security disaster recovery consultant? ..... [ ] Yes [ ] No
4. Are alternative facilities available in the event of a shutdown of the ECS system? Please describe: \_\_\_\_\_
- 
5. Describe the physical security protections for your ECS: \_\_\_\_\_
- 
6. Are physical security devices:  
 a) operational during a power failure..... [ ] Yes [ ] No  
 b) Inspected and tested regularly ..... [ ] Yes [ ] No  
 If yes, how often? \_\_\_\_\_
7. Do you have network communication between branches, subsidiaries or remote locations?..... [ ] Yes [ ] No  
 If yes, please provide detail: \_\_\_\_\_
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**SECTION IV TERMINAL SECURITY & PASSWORDS**

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1. a) Indicate total number of workstations including laptops: \_\_\_\_\_  
Indicate number of laptops: \_\_\_\_\_  
b) Do you have any "point of sale" terminals? ..... [ ] Yes [ ] No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
c) Indicate number of local terminals: \_\_\_\_\_  
d) Indicate number of remote terminals: \_\_\_\_\_  
e) If remote terminals are used, are password access codes required? ..... [ ] Yes [ ] No
2. a) How many employees have access to the Internet? \_\_\_\_\_  
b) Do you have a Website?..... [ ] Yes [ ] No  
If yes, please describe how your Internet site is protected, i.e., encryption, firewall, etc. \_\_\_\_\_  
\_\_\_\_\_  
c) Does anyone have access to your database from the outside?..... [ ] Yes [ ] No  
If "YES" please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Are dial-up facilities protected by:  
a) time stamped and logged on computer files ..... [ ] Yes [ ] No  
b) call-back procedures/terminal polling ..... [ ] Yes [ ] No
4. Are on-line transaction:  
a) time stamped and logged on computer files ..... [ ] Yes [ ] No  
b) reviewed regularly for unauthorized access attempts ..... [ ] Yes [ ] No  
c) monitored for illegal requests or misuse of files ..... [ ] Yes [ ] No
5. Are controlled passwords or access codes:  
a) required for access to the system..... [ ] Yes [ ] No  
b) changed at random intervals..... [ ] Yes [ ] No  
specify time period between changes:\_\_\_\_\_  
c) required to meet EDP standards..... [ ] Yes [ ] No  
d) invisible when entered on terminals..... [ ] Yes [ ] No
6. Are system access authorization tables:  
a) used to restrict terminals and the entering of predetermined types of input ..... [ ] Yes [ ] No  
b) secured against changes or access by unauthorized personnel ..... [ ] Yes [ ] No
7. Are two or more approvals required to change authorization tables? ..... [ ] Yes [ ] No
8. Are your access code lists and supporting documents:  
a) stored in a secure environment ..... [ ] Yes [ ] No  
b) destroyed by shredding or burning in a secure environment ..... [ ] Yes [ ] No

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**SECTION V SECURITY SOFTWARE & AUDITS**

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1. a) Are there regular internal audit reviews of your ECS system? ..... [ ] Yes [ ] No

- b) Do your auditors use computerized audit techniques?..... [ ] Yes [ ] No
  - c) Please give the following information regarding the last two examinations of your EDP operations, security and internal control procedures by your internal/external auditors, regulatory authority or independent consultant:
    - (i) Name of examining authority, internal/external auditor or independent consultant: \_\_\_\_\_
    - \_\_\_\_\_
    - (ii) Date of examination or review: \_\_\_\_\_
    - (iii) Attach copy of last audit questionnaire, audit report and recommendations.
    - (iv) Attach description of your actions or compliance in connection with these recommendations.
2. Describe your library controls and backup procedures: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**SECTION VI SECURITY ADMINISTRATION**

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- 1. Is there a designated security officer or data security manager?..... [ ] Yes [ ] No
  - 2. Does your security administration program include:
    - a) in-house security training for ECS employees ..... [ ] Yes [ ] No
    - b) security awareness meetings ..... [ ] Yes [ ] No
    - c) safety and security incentive programs for employees ..... [ ] Yes [ ] No
    - d) security manuals..... [ ] Yes [ ] No
    - e) regular and unscheduled security reviews ..... [ ] Yes [ ] No
    - f) informing security personnel of vulnerable areas ..... [ ] Yes [ ] No
    - g) prompt investigations of exceptions to standard operating procedures ..... [ ] Yes [ ] No
    - h) taking corrective steps in identified vulnerable areas..... [ ] Yes [ ] No
  - 3. Are ECS employees screened and resumes verified?..... [ ] Yes [ ] No
  - 4. a) Is active supervision and review provided on each EDP shift?..... [ ] Yes [ ] No
    - b) do you require 2 or more employees on duty during any EDP shift? ..... [ ] Yes [ ] No
  - 5. Do ECS personnel have duties in other departments? ..... [ ] Yes [ ] No
 

If yes, provide details: \_\_\_\_\_
  - 6. Are employees required to take a vacation annually? ..... [ ] Yes [ ] No
  - 7. Are entry authorization and access mechanisms immediately revoked for former employees? ..... [ ] Yes [ ] No
  - 8. Do you anticipate any significant changes to your present ECS capabilities within the current year? ..... [ ] Yes [ ] No
 

If yes, provide details below or attach separately: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_
  - 9. Describe below or attach a description separately any special features of your ECS system which enhances the system's overall security: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

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**SECTION VI TELECOMMUNICATION & ALARM SYSTEMS**

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- 1. How often are telephone bills reviewed? \_\_\_\_\_
- 2. Do you investigate failed password attempts? ..... [ ] Yes [ ] No
- 3. Can your telephone system block international calls or calls to certain area codes? ..... [ ] Yes [ ] No

4. Does your system have remote access that allows employees outside of the office to access outgoing lines?.. [ ] Yes [ ] No
5. Do you conduct monthly audits of your PBX system? ..... [ ] Yes [ ] No
6. How often do you change authorization codes? \_\_\_\_\_
7. Do you have a voice mail box system? ..... [ ] Yes [ ] No  
 If yes:
  - (i) is the voice mail system a standalone unit or integrated with your PBX system? \_\_\_\_\_
  - (ii) how often are voice mail passwords changed? \_\_\_\_\_
8. Do you have or use "toll free" numbers? ..... [ ] Yes [ ] No
9. Who is responsible for creating and monitoring access codes and passwords?
10. Has this individual had security training? ..... [ ] Yes [ ] No
11. Have you ever been contacted by a long distance carrier regarding possible abuse of your telephone system? ..... [ ] Yes [ ] No
12. Do you issue calling cards? ..... [ ] Yes [ ] No
13. Do you have limits on your calling cards? ..... [ ] Yes [ ] No

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**SECTION VII INSURANCE**

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1. Provide the following insurance information:

	Insurer	Limit	Deductible	Expiration Date
a) Blanket Bond	_____	_____	_____	_____
b) Directors & Officers Liability	_____	_____	_____	_____
c) General Liability	_____	_____	_____	_____
d) Property Coverage Insurer:	_____		Expiration Date	_____

Extra Expense Coverage Limits: \_\_\_\_\_

Business Interruption coverage Limits (each working day): \_\_\_\_\_

2. Have any liability claims been made against the proposed Insured in connection with its ECS operations?..... [ ] Yes [ ] No  
 If yes, please give full details: \_\_\_\_\_

3. Have any losses been incurred by the proposed insured in connection with its ECS operations? ..... [ ] Yes [ ] No  
 If yes, please give full details: \_\_\_\_\_

4. Is the proposed Insured or any of its Officers or Directors aware of any unauthorized access to its ECS system?..... [ ] Yes [ ] No  
 If yes, please give full details: \_\_\_\_\_

5. Has any application for similar insurance made by you or your predecessors in interest ever been declined? ..... [ ] Yes [ ] No  
 If yes, please give full details: \_\_\_\_\_

6. Is the proposed Insured or any of its Officers or Directors aware of any circumstances related to its ECS operations which might give rise to a loss or a claim against it or its past or present Officers and Directors? .....[ ] Yes [ ] No  
If yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_

The undersigned authorized officer of the Applicant represents that to the best of his knowledge the statements herein are true.

It is agreed that this Application shall be on file with the Insurer, and that it shall be deemed to be attached to and made part of the policy, if issued, as if physically attached to the policy.

Signing this Application does not bind the Applicant or the Insurer to complete the insurance. If a policy is issued, this Application will be attached to and form part of this policy.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

- o DEERFIELD INSURANCE COMPANY
- o EVANSTON INSURANCE COMPANY
- o ESSEX INSURANCE COMPANY
- o MARKEL AMERICAN INSURANCE COMPANY
- o MARKEL INSURANCE COMPANY

## DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE AND ELECTION FORM

RE:  
Risk ID. No.:

You are hereby notified that under the Terrorism Risk Insurance Act of 2002 (the "Act"), effective November 26, 2002, that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, *as defined in Section 102(1) of the Act* ("Terrorism Coverage"): The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property; or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that Terrorism Coverage required to be offered by the Act for losses caused by certified acts of terrorism is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this Terrorism Coverage is provided below and does not include any charges for the portion of loss covered by the federal government under the Act.

### **SELECTION OR REJECTION OF TERRORISM INSURANCE COVERAGE**

**PLEASE ENTER "X" IN ONE OF THE BOXES BELOW AND SIGN AND DATE WHERE INDICATED BELOW.**

**Florida, Georgia and Oklahoma Applicants:** Please be advised that in the event a policy is purchased, the policy premium will include a 1% surcharge for Terrorism Coverage unless you elect to decline Terrorism Coverage. You need to enter an "X" below if you wish to decline Terrorism Coverage.

	I hereby elect to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy premium will include a 3% surcharge for this coverage.
	I decline to purchase the Terrorism Coverage required to be offered under the Act. I understand that my policy will be endorsed to exclude the Terrorism Coverage required to be offered under the Act.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title (Officer, partner, etc.)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SIGNING this Disclosure Notice does not bind the Applicant or the Insurer or the Underwriting Manager to complete the insurance.