



Cyber Solutions™ for Hospitals Application for Increased Limits

MMIC agrees to use all information provided in this Application solely in connection with the proposed insurance.

If a material change occurs to any of the answers given below prior to the inception of any insurance, the Applicant must notify MMIC, and at the sole discretion of MMIC, any outstanding quotations may be modified or withdrawn.

The particulars, representations and statements contained in this Application and any other information submitted are the basis for the proposed insurance and will be considered as incorporated into and constituting part of the proposed coverage.

This Application must be completed in type or ink by the Applicant. All questions must be answered for a quotation to be given. If more space is needed, please continue your answers on a separate sheet and attach it to this form.

Please attach a copy of your most recent audited financials with the submission.

The completion and signing of this Application does not bind the Applicant or MMIC to the proposed coverage.

SECTION I. GENERAL INFORMATION

1. Name of Applicant: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone Number: () _____ Fax Number: () _____
Website: _____

2. Type of Institution:
 Acute Care Hospital Teaching Hospital Community Teach Hospital Community Hospital
 For Profit Non Profit Skilled Nursing Facility Home Health
 Other _____

3. Date established: _____

4. Total Annual Operating Revenues:
Anticipated Revenue: _____ Current Year: _____ One Year Ago: _____

SECTION II. NETWORK SECURITY AND PRIVACY

- 1. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to your network? Yes No
- 2. Does your security and privacy policy include mandatory training for all employees? Yes No
- 3. Are you HIPAA compliant? Yes No
- 4. Are you PCI compliant? Yes No



5. Does your virus or malicious code control program address the following: anti-virus on all systems, filtering of all content for malicious code, controls on shared drives and folders, CERT or similar vendor neutral threat notification services, removal of spyware and similar parasitic code? Yes No
6. Do you test your security at least yearly to ensure effectiveness of your technical controls as well as your procedures for responding to security incidents (e.g. hacking, viruses, and denial of service attacks)? Yes No
 If "YES", does this include a network penetration test? Yes No
7. Is all remote access to your network authenticated and encrypted? Yes No
8. Do you require all third parties to whom you entrust sensitive or non-public personal information to contractually agree to protect such information using safeguards at least equivalent to your own? Yes No
 Do you require that these third parties indemnify you in the event that they suffer a security/privacy breach? Yes No
9. Do you retain non-public personal information and others' sensitive information only for as long as needed and when no longer needed irreversibly erase or destroy them using a technique that leaves no residual information? Yes No
10. Do you employ physical security controls to prevent unauthorized access to computer, networks and data? Yes No
11. Do you control and track all changes to your network to ensure that it remains secure? Yes No
12. How long does it take to restore the Applicant's operations after a computer attack or other loss/corruption of data?
 12 hrs or less 12-24 hrs More than 24 hrs
13. Is all sensitive and confidential information that is transmitted within and from your organization encrypted using industry-grade mechanisms? Yes No
14. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? Yes No
15. If encryption is not in place for databases, servers, and data files, are the following compensating controls in place?
 a. Segregation of servers that store confidential information..... Yes No
 b. Access control with role-based assignments..... Yes No
16. If your organization stores personal information on portable devices, is such data encrypted to industry standards? ... Yes No
17. Within the past two years, have you passed an outside privacy audit or have you received a privacy certification?..... Yes No
 If "YES", have all recommendations been resolved? Yes No
18. Within the last two years, have you completed an internal audit or assessment to determine compliance with regulations or laws concerning the protection of privacy rights?..... Yes No
 If "YES", have all recommendations been resolved? Yes No
19. Please estimate the number of patient/customer records you store either electronically or in paper files. _____

SECTION III. LOSS HISTORY

After inquiry, have you or any member of your staff or any person or entity for whom you perform billing services ever:

1. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial or service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customer's ability to rely on the Applicant's network? Yes No
 If "YES", please provide specific details: _____



- 2. Has insurance of the type for which the Applicant is now applying ever been declined, cancelled or had the renewal thereof refused to the proposed insured? Yes No
- 3. Do you have knowledge of any claims or facts, circumstances, situations, events or transactions that may result in a claim which may be covered by the proposed policy? Yes No

If the answer to any of the above questions is "YES", please explain on a separate sheet of paper.

The undersigned warrants and represents that, to the best of his or her knowledge, the statements herein are true and that reasonable efforts have been made to obtain sufficient information to facilitate the proper and accurate completion of this Application. It is represented that the particulars and statements contained in the Application, and any materials submitted (which shall be on file with the insurer and shall be deemed attached, as if physically attached) are the basis for the proposed insurance and are to be considered incorporated into and constituting a part of the proposed insurance.

The undersigned agrees that in the event this Application contains misrepresentations or fails to state facts materially affecting the risk assumed by MMIC, any insurance issued shall be void in its entirety.

The undersigned agrees that if after the date of this Application and prior to issuance, any occurrence, event or other circumstances should render any of the information contained in this Application inaccurate or incomplete, the undersigned shall notify MMIC of such occurrence, event, or circumstance and shall provide MMIC with information that would complete, update or correct the information contained in this Application. Any outstanding quotations may be modified or withdrawn at the sole discretion of MMIC.

MMIC is hereby authorized to make any investigation and inquiry in connection with this Application as it may deem necessary.

Severability: No knowledge or information processed by any insured person will be implied to any other insured person except for material facts or information known to the person or persons who signed the Application. In the event that any of the particulars or statements in the Application are untrue, this coverage will be void with respect to any insured person who knew of such untruth or to who such knowledge is implied.

SECTION V. OTHER INFORMATION

- 1. The undersigned declares that to the best of his/her knowledge the statements herein are true. Signing of this Application does not bind the undersigned to complete the insurance, but it is agreed that this Application shall be the basis of the contract should coverage be issued, and this Application will be attached and become part of such coverage, if issued. MMIC hereby is authorized to make any investigation and inquiry in connection with this Application as they may deem necessary.
- 2. It is warranted that the particulars and statements contained in the Application for the proposed coverage and any materials submitted herewith (which shall be retained on file by MMIC and which shall be deemed attached hereto, as if physically attached hereto) are the basis for the proposed coverage and are to be considered as incorporated into and constituting a part of the proposed coverage.
- 3. It is agreed that in the event there is any material change in the answers to the questions contained herein prior to the effective date of the coverage, the Applicant will notify MMIC and, at the sole discretion of MMIC, any outstanding quotations may be modified or withdrawn.
- 4. For purposes of creating a binding contract of insurance by this Application or in determining the rights and obligations under such a contract in any court of law, the parties acknowledge that a signature reproduced by either facsimile or photocopy shall be the same force and effect as an original signature and that the original and any such copies shall be deemed one and the same document.

Signed: _____ Print Name: _____
 Title: _____ Date (Mo/Day/Yr): _____
 Applicant Organization: _____