

SPECTRUM® BUSINESS OWNER'S POLICY DATA BREACH COVERAGE



Supplemental Information Request Form

NAME OF BUSINESS OR APPLICANT: HAMAGAMI/CARROLL INC.

NAME OF PRIMARY CONTACT: VINEETA SHERRING

PHONE NUMBER: 310-458-7600

BUSINESS OWNERS POLICY #:72SBAIB4732

REQUESTED EFFECTIVE DATE* _01_ / _26_ / 2017__

* If more than 90 days from the original Spectrum Business Owner's Policy effective date, please attach a letter detailing any claims, suits, complaints, charges or proceedings related to any known data breach incidents involving the Applicant.

Not all limits, deductibles and product features are available in every writing company or state.

Third Party Defense & Liability is only available if First Party Response Expense Coverage is selected.

Additional Third Party Limits may be available upon request.

SELECT COVERAGE LIMITS DESIRED

We cannot issue a policy with limits below the mandatory minimum limits shown above.

First Party Response Expense Coverage

- \$10,000 *
- \$25,000 *
- \$50,000 **
- \$100,000 **
- \$250,000 ^
- \$500,000 ^^

- * Mandatory minimum \$1,000 deductible applies
- ** Mandatory minimum \$2,500 deductible applies
- ^ Mandatory minimum \$5,000 deductible applies
- ^^ Mandatory minimum \$10,000 deductible applies

Third Party Defense & Liability Coverage (Claims Made)

- \$50,000 *
- \$100,000 **
- \$250,000 ^
- \$500,000 ^
- \$1,000,000 ^^

- * Mandatory minimum \$1,000 deductible applies
- ** Mandatory minimum \$2,500 deductible applies
- ^ Mandatory minimum \$5,000 deductible applies
- ^^ Mandatory minimum \$10,000 deductible applies

SELECT DEDUCTIBLES DESIRED

First Party Response Expense Coverage

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000

Third Party Defense & Liability Coverage (Claims Made)

- \$1,000
- \$2,500
- \$5,000
- \$10,000
- \$25,000
- \$50,000
- \$100,000

SELECT FIRST PARTY RESPONSE EXPENSE SUB-COVERAGE(S) DESIRED

Extortion Threats Sub-Limit

- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$250,000
- \$500,000

Business Income & Extra Expense Sub-Limit

- \$10,000
- \$25,000
- \$50,000
- \$100,000
- \$250,000
- \$500,000

Business Income & Extra Expense Waiting Period*

- 8 hours
- 24 hours
- 48 hours
- 72 hours

You must select First Party Response Expense Coverage in order to be eligible for Extortion Threats Coverage and/or Business Income & Extra Expense Coverage.

The Extortion Threats Sub-limit cannot exceed the selected First Party Response Expense Limit. The Extortion Threats Sub-limit is subject to the First Party Response Coverage Limit.

The Business Income & Extra Expense Sub-limit cannot exceed the selected First Party Response Expense Limit. The Business Income & Extra Expense Sub-limit is subject to the First Party Response Coverage Limit.

*If Business Income & Extra Expense Sub-limit is selected, you must also select a Business Income & Extra Expense Waiting Period.

PRIOR ACTS COVERAGE

The Retroactive Date will default to the effective date the optional Data Breach coverage part is first written by The Hartford unless Prior Acts is requested.

Prior Acts coverage up to three (3) years prior to the effective date may be considered, where available.

A copy of the expiring Data Breach coverage declarations page showing the limits and retroactive date that applies is required if Prior Acts is requested.

Third Party Defense and Liability Coverage (Claims Made)

- No Prior Acts
 Specific Retroactive Date ^ ___ / ___ / ___

First Party Response Expense Coverage

- No Prior Acts
 Specific Retroactive Date ^ ___ / ___ / ___

^If Specific Retroactive Date is requested, please complete the following question: Have there been any claims, suits, complaints, charges or proceedings related to any known data breach incidents involving the applicant? Yes No

TELL US ABOUT YOUR BUSINESS

What are your annual sales/receipts? _____

If your annual sales / receipts are greater than \$250,000, please answer the following questions.

1. Which of the following types of client / customer / patient information do you store (electronically or on paper), process or transmit? Select all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Credit / Debit Card Numbers | <input type="checkbox"/> Patient Medical Data / Records |
| <input type="checkbox"/> Social Security Numbers | <input type="checkbox"/> Client Legal Data / Records |
| <input type="checkbox"/> Dates of Birth | <input type="checkbox"/> Client Financial Data / Records |
| <input type="checkbox"/> Driver's License Numbers | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Email Addresses | |

2. Which of the following are in place on your business computer systems (eg: servers, laptops, networks)? Select all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Password Protections | <input type="checkbox"/> Network Security functions are outsourced to a 3rd party* |
| <input type="checkbox"/> Firewalls | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Antivirus Software | |

* If outsourced to a 3rd Party vendor, which of the protections above do they have in place? _____

If you indicated above that you store, process or transmit Patient Medical Data / Records, Client Legal Data / Records or Client Financial Data / Records, please answer the questions below.

3. Which of the following policies / procedures do you have in place?

- | | |
|---|--|
| <input type="checkbox"/> Criminal background check on all new hires | <input type="checkbox"/> Access to data based on job function |
| <input type="checkbox"/> Written Privacy Policy | <input type="checkbox"/> Immediate restricted access to data upon employee termination |

4. Which of the following do you or your employees use in your business?

- | | |
|---|---|
| <input type="checkbox"/> iPhone, BlackBerry or other Smart Phones | <input type="checkbox"/> Laptop |
| <input type="checkbox"/> External Hard Drive | <input type="checkbox"/> iPad or Tablet-type Device |
| <input type="checkbox"/> Thumb Drive | <input type="checkbox"/> None of the above |

5. Which of the following steps are in place, and used to safeguard personally identifiable information stored, processed or transmitted on the devices selected above?

- | | |
|--|--|
| <input type="checkbox"/> Passcode or Password protection | <input type="checkbox"/> Data erasure enabled |
| <input type="checkbox"/> Encryption of files and emails on all equipment | <input type="checkbox"/> No personally identifiable information on these devices |
| <input type="checkbox"/> Fingerprint access required | <input type="checkbox"/> None of the above |
-

If you indicated above that you store, process or transmit Credit or Debit card information, please answer the questions below.

6. Which of the following Credit or Debit cards is your payment processing equipment authorized to process transactions for?

- | | |
|---|--|
| <input type="checkbox"/> American Express | <input type="checkbox"/> VISA |
| <input type="checkbox"/> Discover | <input type="checkbox"/> Other, please provide _____ |
| <input type="checkbox"/> MasterCard | |

7. If your sales exceed \$1,000,000 annually, how often is Credit / Debit card information purged from your systems?

- | | |
|---|--|
| <input type="checkbox"/> Sales do not exceed \$1,000,000 annually | <input type="checkbox"/> Within six months of transaction |
| <input type="checkbox"/> Immediately after the transaction is processed | <input type="checkbox"/> Some/all information is retained for longer than six months |
| <input type="checkbox"/> Within one month of transaction | <input type="checkbox"/> N/A; no cardholder data is stored |

We appreciate your assistance in returning this information request form to us on or before **date 01/31/2017_** so we can promptly process your request. Should you have any questions as you're completing this form, please contact me using the contact information below.

Thank you for trusting The Hartford with your business insurance needs.

Sincerely,

Name: NORA WOLKOFF – DICKERSON EMPLOYEE BENEFITS, INC.

Phone: 323-805-2918

Fax: 323-805-2918

E-Mail: NORA@DICKERSON-GROUP.COM