

Please answer all questions on this form. Before any question is answered please read carefully the declaration at the end of the application form which you are required to sign.

1) Applicant(s): \_\_\_\_\_

2) Address: \_\_\_\_\_

3) Business Type: Long Term Care: \_\_\_\_\_ Assisted/Independent Living  Skilled Nursing

Where multiple Business Types, please breakout by revenue below:-

4) No. of employees: \_\_\_\_\_

5) Total revenues a) current year: USD \_\_\_\_\_ b) projected for the next financial year: USD \_\_\_\_\_

6) Website: Primary Home Page \_\_\_\_\_

a) Does site have a Privacy Statement?  Yes  No

b) Is there any publicly accessible environment for posting, sharing information etc ?  Yes  No

7) If "Yes" to Question 6) b) then are there established procedures for editing or removing libelous content that infringes the Intellectual Property (copyright, trademark, trade name trade secrets etc.) rights of others?:  Yes  No

8) Does Applicant have

a) an email & internet usage policy that has been shared with all staff?  Yes  No

b) firewall system in place?  Yes  No

c) mandatory individual unique non-trivial ID and passwords with periodic password changes?  Yes  No

d) all PCs and servers protected with up-to-date anti-virus software?  Yes  No

9) Does Applicant use 3rd party vendor(s) for outsourcing of data storage (Cloud Provider)  Yes  No

If Yes, please provide name of vendor(s): \_\_\_\_\_

10) Please indicate the total number of PII\* records stored on your network: \_\_\_\_\_

\* PII being personally identifiable information including but not limited to Personal Medical Information, Social Security Information , Debit or Credit Payment Card Details, and Financial Information

11) Confirmation applicant has no activity with individuals or organisations in sanctioned countries including but not limited to Iran, Syria, North Korea, North Sudan and Cuba being subject to certain US, EU, UN and/or other national sanctions restrictions  Yes  No

12) In the past 5 years has the Applicant

a) sustained a significant system intrusion, tampering, virus or malicious code attack, loss of data, hacking incident, data theft or similar incident?  Yes  No

b) had anyone allege their personal information was compromised, or have you notified customers that their information was or may have been compromised?  Yes  No

c) sustained any unscheduled network outage or interruption in the past 24 months?  Yes  No

d) experienced any claims or are you aware of any circumstances that could give rise to a claim that may have been covered by this policy?  Yes  No

If Yes to any of the above then please provide details (continue on separate sheet if required)

**DECLARATION: I hereby declare that I am authorized to complete this Application on behalf of the Applicant(s) and that after due inquiry, to the best of my knowledge and belief, the statements and particulars in this Application are true and complete and no material facts have been misstated, suppressed or omitted**

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

Position: \_\_\_\_\_ Date: \_\_\_\_\_

NB: the signatory should be an owner director or senior officer of, or a partner in, the Applicant