

WEALTH ADVISERS PROFESSIONAL LIABILITY Identity Theft Supplement

1. Name of Applicant or Insured: _____
2. Income from \$_____ and number of _____ advisory clients for the last fiscal year.
3. Do **you** have a physical backup system (tape or disk) for electronic client files? Yes No
4. Do **you** have a formal procedure for destroying or archiving old client files? Yes No
 - a. Describe: _____
5. Do **you** have a formal policy regarding the security of files removed from the office? Yes No
6. Do **you** use laptops or portable media devices to transport or remotely work on client files? Yes No
7. Are all client files contained on laptops or portable media devices encrypted? Yes No
 - a. Describe: _____
8. Are all servers or network computers “firewall” protected against outside access? Yes No
9. Are all firewalls and firewall software current and regularly updated? Yes No
 - a. Describe: _____
10. Do **you** have a formal procedure for the disposal of obsolete computers or hard drives? Yes No
11. Are all partners and staff advised of **your** formal policy regarding data security? Yes No
12. Are all partners and staff advised of the obligations to secure client privacy? Yes No
13. Do **you** have a client notification system in the event of loss or theft of personally identifiable information or client records? Yes No
14. In the past five years, have any client records in **your** custody or control been lost or stolen? Yes No
 - a. Describe: _____
15. Do **you** undertake security background checks for new employees? Yes No

16. Are passwords and network access immediately revoked for terminated employees? Yes No

17. Do **you** monitor and log access to **your** computer network? Yes No

18. Are all CD/DVD and USB flash drives on staff computers disabled? Yes No

19. How frequently are passwords changed: _____

20. How many staff have access to **your** computer network? _____

Signature of Applicant: _____ Date: _____