



MAINE MUNICIPAL ASSOCIATION
Risk Management Services
 60 Community Drive
 P.O. Box 9109
 Augusta, Maine 04332-9109

Telephone No.
 (207) 626-5583
 (800) 590-5583 Maine Only
 Fax No. (207) 626-0513

**PRIVACY & NETWORK SECURITY LIABILITY
 (CYBER LIABILITY) APPLICATION**

Member: _____

Risk Control

- | | | | |
|-----|---|-----|----|
| 1. | Who is responsible for your information security and compliance operations?
Staff/IT Dept. Third Party | | |
| | If third party, do you have a written contract in place that contains hold harmless or indemnification clauses in your favor? | Yes | No |
| 2. | Do you require your IT Department or outsourced Third Party vendors/providers to adhere to a software update process, including software patches and anti-virus software definition upgrades? | Yes | No |
| 3. | Do you have physical security controls in place to control access to your computer systems? | Yes | No |
| 4. | Do you configure firewalls to restrict inbound and outbound network traffic to prevent unauthorized access to internal networks? | Yes | No |
| 5. | Do you install and update an anti-virus solution on all systems (particularly personal computers and servers)? | Yes | No |
| 6. | Do you update (e.g., patch, upgrade) commercial software known for security vulnerabilities per the manufacturer’s advice? | Yes | No |
| 7. | Do you use any software or hardware that has been officially retired (i.e. considered “end-of life”) by the manufacturer (e.g. Windows XP)? | Yes | No |
| | If yes, please list the software: _____ | | |
| 8. | Are system backup and recovery procedures tested for all mission critical systems and are tests performed at least annually? | Yes | No |
| 9. | Do you require annual security awareness training for all personnel so they are aware of their responsibilities for protecting company information and systems? | Yes | No |
| 10. | Do you have a solution to protect and wipe mobile devices (i.e. laptops, iPhones, iPads, Androids, tablets) to prevent unauthorized access in the event the device is lost or stolen? | Yes | No |
| 11. | Do you enforce passwords that are at least seven characters and contain both numeric and alphabetic characters and are changed every 90 days? | Yes | No |
| | If yes, do you change your passwords every 90 days? | Yes | No |

Privacy & Media Controls

- | | | |
|---|-----|----|
| 1. Do you have a current computer network and information security policy or an acceptable use policy that applies to employees, independent contractors and third party vendors? | Yes | No |
| If yes, is the information published within the entity (e.g. intranet, employee handbook, etc.)? | Yes | No |
| 2. Are all employees periodically instructed on their specific job responsibilities with respect to information security, such as the proper reporting of suspected security incidents? | Yes | No |
| 3. Do you have a data breach policy? | Yes | No |
| If yes, does it include an action plan with timely notification to all individuals who may be adversely affected by a breach? | Yes | No |
| 4. Are you in compliance with the following: (check all that apply) | | |
| PCIDSS (Payment Card Industry Data Security Standard) | N/A | |
| HIPAA (Health Insurance Portability and Accountability Act) | N/A | |
| 5. Do you have a process to review content or materials (including meta tags) before they are published, broadcasted, distributed, or displayed on your website for the following: | | |
| Defamation: Yes No N/A Right to privacy or publicity: Yes N/A | | |
| No Copyright, trademark or domain name: Yes No N/A | | |
| 6. Do you have a backup and restore methodology for your sensitive data? | Yes | No |
| A. If yes, do you secure such data to an off-site storage location? | Yes | No |
| B. Do you use a third party for off-site storage? | Yes | No |
| If yes, do you require the third party to indemnify you in the event of a data loss caused by those third parties? | Yes | No |
| 7. Does your hiring process include the following for your IT Staff or Third Party Vendor? (check all that apply) | | |
| Drug Testing Criminal background checks Educational background | | |
| Work history checks Credit history checks Other: _____ | | |

Loss Experience

- | | | |
|---|-----|----|
| 1. In the last year, have you sustained any losses due to unauthorized access, unauthorized use, virus, denial of service attack, electronic media liability, data breach, data theft, fraud, electronic vandalism, sabotage or other similar electronic security events? | Yes | No |
|---|-----|----|

The undersigned being authorized by, and acting on behalf of, the applicant and all persons or concerns seeking coverage has read and understands the Application, and declares all statements set forth herein are true, complete, and accurate, to the best of his/her knowledge. This Application shall be the basis of the agreement should coverage be issued.

Applicant's Signature

Printed Name

Title

Date