

Application

COMPUTER SYSTEMS QUESTIONNAIRE

FL- 033 COMP CRIME Q



1. HOW MANY DATA PROCESSING CENTERS DOES THE APPLICANT HAVE? _____
2. ARE THE DATA PROCESSING CENTERS PHYSICALLY SEPARATED FROM OTHER DEPARTMENTS? YES [] NO []
3. ARE THE DATA PROCESSING CENTERS SPECIFICALLY PROTECTED BY THE FOLLOWING?
BURGLAR ALARM. YES [] NO []
CAMERA SYSTEM. YES [] NO []
FIRE SUPPRESSION SYSTEM. YES [] NO []
GUARDS Y YES [] NO []
OTHER METHODS (please describe). _____
4. ARE THERE POSITIVE CONTROL PROCEDURES USED TO RESTRICT THE ENTRY OF NO-AUTHORISED PERSONNEL INTO THE APPLICANT'S DATA PROCESSING CENTERS UTILISING THE FOLLOWING?
MANTRAP ENTRY SYSTEM YES [] NO []
VIDEO RECORDER TO A CENTRAL GUARD AREA. YES [] NO []
PERSONAL IDENTIFICATION BY SHIFT SUPERVISORS YES [] NO []
MINICOMPUTER BADGE SYSTEM. YES [] NO []
5. IS AT LEAST ONE FILE GENERATION STORED AND SECURED OFF-SITE FROM THE MAIN DATA CENTRE IN A RESTRICTED AREA? YES [] NO []
6. DOES THE APPLICANT UTILISE ANY PERSON, PARTNERSHIP OR ORGANISATION (OTHER THAN THE APPLICANT) TO PERFORM DATA PROCESSING SERVICES? YES [] NO [] If yes, identify:

THE NAME OF THE SERVICE BUREAU OR FACILITIES MANAGER: _____

THE SERVICES PROVIDED: _____
7. DOES THE APPLICANT PERFORM DATA PROCESSING SERVICES FOR ANY PERSON, PARTNERSHIP OR ORGANISATION (OTHER THAN THE APPLICANT)? YES [] NO [] If yes, provide details
8. DOES THE APPLICANT UTILISE INDEPENDENT CONTRACTORS (OTHER THAN THOSE WHICH WORK ON THE APPLICANT'S PREMISES UNDER THE APPLICANT'S SUPERVISION) TO PREPARE ELECTRONIC COMPUTER INSTRUCTIONS? YES [] NO []
9. ARE WRITTEN AGREEMENTS OBTAINED FROM SUCH INDEPENDENT CONTRACTORS OUTLINING THEIR RESPONSIBILITIES? YES [] NO []
10. DOES THE APPLICANT REQUIRE ALL INDEPENDENT CONTRACTORS TO MAINTAIN SEPARATE FIDELITY INSURANCE AND TO PROVIDE WRITTEN EVIDENCE THEREOF? YES [] NO [] If yes, for what minimum amount?
11. HAS THE APPLICANT DESIGNATED A DATA SECURITY OFFICER WHO IS CHARGED WITH THE RESPONSIBILITY OF THE IMPLEMENTATION AND ADMINISTRATION OF DATA SECURITY? YES [] NO []
12. TO WHOM DOES THE DATA SECURITY OFFICER REPORT? _____
13. IS THERE A WRITTEN DATA SECURITY MANUAL OUTLINING CORPORATE POLICY AND STANDARDS NECESSARY TO ENSURE SECURITY OF DATA? YES [] NO []
14. IS THE ATTENTION OF EACH EMPLOYEE DRAWN TO THIS POLICY? YES [] NO []
15. DESCRIBE PROCEDURES FOR STAFF TRAINING ON DATA SECURITY ISSUES YES [] NO []
16. IS THERE AN INTERNAL EDP AUDIT DEPARTMENT OR FUNCTION? YES [] NO []
IF YES:
IS THERE A WRITTEN EDP "AUDIT AND CONTROL PROCEDURES" MANUAL? YES [] NO []
HAS THE INTERNAL EDP AUDITOR BEEN SPECIFICALLY TRAINED TO FULFIL HIS RESPONSIBILITIES IN DATA PROCESSING? YES [] NO []
17. IS THERE A FULL CONTINUOUS EDP AUDIT PROGRAM IN OPERATION? YES [] NO [] If no, state scope of the current audit.
18. ARE WRITTEN AUDIT REPORTS MADE? YES [] NO []
19. ARE THE PEOPLE RESPONSIBLE FOR AUDITING FREE OF ALL OTHER OPERATIONAL RESPONSIBILITIES AND FORBIDDEN TO ORIGINATE ENTRIES? YES [] NO []
20. DESCRIBE ALL MAJOR RECOMMENDATIONS AND/OR CONTROL DEFICIENCIES NOTED BY ANY EXTERNAL AUDITOR REGULATORY AUTHORITY OR INDEPENDENT CONSULTANT. ATTACH A COPY OF SAID RECOMMENDATIONS AND THE APPLICANT'S WRITTEN RESPONSE THERETO.

21. ARE PASSWORDS USED TO AFFORD VARYING LEVELS OF ENTRY TO THE COMPUTER SYSTEM DEPENDING ON THE NEED AND AUTHORISATION OF THE USER? YES [] NO []
22. DOES THE SYSTEM ENFORCE REGULAR PASSWORD CHANGE? YES [] NO [] If yes, with frequency? _____
23. ARE PASSWORDS AUTOMATICALLY WITHDRAWN WHEN PEOPLE LEAVE? YES [] NO []
24. IF THE PASSWORDS ARE NOT USED, DESCRIBE ALTERNATIVE METHODS USED TO PROTECT LOGICAL ACCESS TO THE COMPUTER SYSTEM.
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25. ARE PROGRAMS PROTECTED TO DETECT UNAUTHORIZED CHANGES? YES [] NO []
26. IS YOUR COMPUTER SYSTEM PROTECTED BY VIRUS DETECTION AND REPAIR SOFTWARE? YES [] NO []
27. DOES THE APPLICANT UTILISE ANY SOFTWARE SECURITY PACKAGES TO CONTROL ACCESS TO ITS COMPUTER SYSTEM (EG ACF2, RACF, SECURE)? YES [] NO []
28. DOES THE APPLICANT ALLOW ITS EMPLOYEES TO ACCESS ITS COMPUTER SYSTEM FROM HOME TERMINALS? YES [] NO []
- If yes, describe security measures implemented in respect of such access. _____
29. ARE SECURITY PACKAGES USED TO CONTROL ACCESS TO PERSONAL COMPUTERS, LAP – TOPS, INTELLIGENT WORKSTATIONS AND THE LIKE? YES [] NO []
30. IS THE INTEGRITY OF “OFF THE SHELF” SOFTWARE TESTED BY THE APPLICANT PRIOR TO BEING PUT INTO USE? YES [] NO []
31. HAS ANY APPLICATION MADE BY THE APPLICANT FOR INSURANCE THE SUBJECT OF THIS QUESTIONNAIRE EVER BEEN DECLINED? YES [] NO []
32. HAS ANY POLICY OF INSURANCE THE SUBJECT OF THIS QUESTIONNAIRE IN THE NAME OF THE APPLICANT EVER BEEN CANCELLED BY INSURERS? YES [] NO []
33. HAS ANY LOSS, DEMAND OR CLAIM, OR CIRCUMSTANCE LIKELY TO GIVE RISE TO LOSS, DEMAND OR CLAIM OF A TYPE BEING THE SUBJECT OF THIS INSURANCE BEEN SUSTAINED BY OR MADE AGAINST THE APPLICANT, (INCLUDING SUBSIDIARIES AND BRANCHES) TO WHICH THIS APPLICATION APPLIES DURING THE PAST FIVE YEARS YES [] NO []
34. WHAT STEPS HAVE BEEN TAKEN TO PREVENT A RECURRENCE OF A LOSS, DEMAND, CLAIM OR CIRCUMSTANCE OF THE TYPE DESCRIBED IN THE ANSWER ABOVE?
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WE HEREBY DECLARE THAT THE ABOVE STATEMENTS AND PARTICULARS ARE TRUE AND COMPLETE TO THE BEST OF OUR KNOWLEDGE AND THAT WE HAVE NOT SUPPRESSED OR MISSTATED ANY MATERIAL FACTS AND WE AGREE THAT THIS APPLICATION SHALL BE THE BASIS OF ANY CONTRACTS* SUBSEQUENTLY EFFECTED BETWEEN THE APPLICANT AND UNDERWRITERS.

NOTICE: ANY PERSON WHO KNOWINGLY AND WITH THE INTENT TO FRAUD PROVIDES FALSE INFORMATION IN AN INSURANCE APPLICATION, OR PRESENTS, ASSISTS, OR MAKES A FRAUDULENT CLAIM FOR THE PAYMENT OF A LOSS OR OTHER BENEFIT, OR PRESENTS MORE THAN ONE CLAIM FOR THE SAME INCIDENT OF DAMAGE OR LOSS, WILL COMMIT A FELONY AND IF CONVICTED WILL BE SENTENCED FOR EACH VIOLATION WITH A FINE OF NO LESS THAN FIVE THOUSAND (\$5,000) DOLLARS AND NOT EXCEEDING TEN THOUSAND (\$10,000) DOLLARS, OR BE SENTENCED TO IMPRISONMENT FOR A THREE (3) YEAR TERM, OR BOTH PENALTIES. IN THE EVENT OF AGGRAVATING CIRCUMSTANCES, THE TERM COULD BE INCREASED TO A MAXIMUM OF FIVE (5) YEARS; IN THE EVENT OF INTERVENING EXTENUATING CIRCUMSTANCES IT COULD BE REDUCED UP TO A MINIMUM OF TWO (2) YEARS.

DATE _____ SIGNATURE _____
(Authorised Officer)

Signing this questionnaire does not bind the applicant to complete this insurance.

If a policy is issued it will be issued on a “LOSS DISCOVERED” basis to indemnify the applicant for losses first discovered in the manner described in the policy during the Policy Period.

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