

# Identity Theft Supplement



## Lawyers Professional Liability Insurance

Name of firm: \_\_\_\_\_

1. What is **your** fee income received from **Professional Services** for the last fiscal year: \$ \_\_\_\_\_

2. Provide the number of 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

Describe: \_\_\_\_\_

5. Do **you** have a formal policy regarding the security of client files removed from the office? YES  NO

6. Are all partners and staff advised of **your** formal policy regarding data security? YES  NO

7. Do **you** use laptops or portable media devices to transport or remotely work on client files? YES  NO

8. Are all client files contained on laptops or portable media devices encrypted? YES  NO

Describe: \_\_\_\_\_

9. Are all servers or network computers "firewall" protected against outside access? YES  NO

10. Do **you** have a formal procedure for the disposal of obsolete computers or hard drives? YES  NO

Describe: \_\_\_\_\_

11. Are all partners and staff advised of the obligations to secure client privacy? YES  NO

12. Do **you** have a client notification system in the event of loss or theft of personal records? YES  NO

13. In the past five years have any client records in **your** custody or control been lost or stolen? YES  NO

Describe: \_\_\_\_\_

14. How frequently are passwords changed? \_\_\_\_\_

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. How many staff have access to **your** computer network? \_\_\_\_\_

18. Do you monitor and log access to **your** computer network? YES  NO

19. What firewall software do **you** use on your computer network? \_\_\_\_\_

20. Are all firewalls and firewall software current and regularly updated? YES  NO

Describe: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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