BANCINSURE®

Service Provider Questionnaire

This questionnaire should be completed by a Service Provider to whom BancInsure is considering extending the definition of covered electronic system under the Extended Professional Liability Policy.

Service Provider: _____

Web site address: _____ (city & state)

Date established: _____

Please describe the services provided:		
	Yes	No
1. Are continuity plans in place for all mission critical business processes, including those provided by outside vendors?	☐	☐
2. Are business continuity plans tested at least once annually?	☐	☐
3. Does the service provider provide/host on-line trading systems?	☐	☐
4. If the service provider provides on-line trading, is there an alternative means for its customers to request/effect trades in the event that its web site and/or on-line trading system are not functioning properly?	☐	☐
5. Has the service provider's system failed to properly complete any trades in the past 3 years? If yes, please attach details including the amount of such trades, the reason(s) the trades were not properly completed and the corrective actions taken.	☐	☐
6. Does the service provider have an annual security assessment or audit of their IT operations by an independent IT security specialist? If yes, please attach a copy of the most recent assessment or audit along with responses to any recommendations made.	☐	☐
7. Has the service provider been criticized by any regulator regarding its computer operations in the past 3 years? If yes, please attach details including the corrective actions taken.	☐	☐
8. Has the service provider experienced a loss of IT service (except for planned maintenance or a natural disaster, such as flood, windstorm, earthquake, etc.) that exceeded 4 hours in the past 3 years? If yes, please attach details including the length of downtime, the cause of the disruption, the cost to restore service and the corrective actions taken.	☐	☐
9. Has the service provider experienced a security breach that resulted in unauthorized access to confidential data in the past 3 years? If yes, please attach details including the type and amount of confidential data exposed and the corrective actions taken.	☐	☐
10. Please attach a copy of the following, unless available on line: a. The most recent CPA audit and financial statement. b. The CPA's management letter on internal controls along with responses to any recommendations made. Check, if none was issued: ☐ c. A list of any pending material litigation against the service provider. Check, if there is none pending: ☐	☐	☐

THE UNDERSIGNED DECLARES THAT THE STATEMENTS SET FORTH HEREIN ARE TRUE. THE UNDERSIGNED AGREES THAT IF THE INFORMATION SUPPLIED ON THIS QUESTIONNAIRE MATERIALLY CHANGES WITHIN 60 DAYS, HE/SHE (UNDERSIGNED) WILL NOTIFY THE INSURANCE COMPANY OF SUCH CHANGES.

Service Provider: _____

By: _____ _____

Signature and Title Date