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e-MD™ Supplemental Application

Claims Made Basis. Underwritten by Underwriters at Lloyd's, London

Name of Applicant: _____

NETWORK AND SECURITY

1. Do you enforce a security policy that must be followed by all employees, contractors, or any other person with access to patient information? ☐ Yes ☐ No
2. Is all sensitive and confidential information stored on your organization's databases, servers and data files encrypted? ☐ Yes ☐ No
3. Do you have established and enterprise-wide procedures in force for record and information compliance management? ☐ Yes ☐ No
4. Does your security and privacy policy include mandatory training for all employees? ☐ Yes ☐ No
5. Have you identified all relevant regulatory and industry compliance frameworks that are applicable to the organization? ☐ Yes ☐ No

LOSS HISTORY

1. Has the Applicant received any complaints, claims or been subject to litigation involving matters of privacy, injury, identity theft, denial of service attacks, computer virus infections, theft of information, damage to third party networks, or the Applicant's customer' ability to rely on the Applicant's network? ☐ Yes ☐ No

If "Yes", please provide specific details: _____

2. Are you aware of or have knowledge of any circumstances or incidents that may give rise to a claim which would have been covered by this policy? ☐ Yes ☐ No

I understand that the information submitted herein becomes a part of my Application, and in the event that coverage is bound, is subject to the same warranty and conditions.

Authorized Signature (Must be signed by an Executive): _____

Printed Name of Signor: _____

Date: _____