

# BEAUMONT PHYSICIANS INSURANCE COMPANY

## QUOTE REQUEST FORM\*

### Information Security & Privacy Insurance with Breach Response

**FAX or EMAIL QUOTE REQUEST FORM TO:**

**FAX (947) 522-1041 or EMAIL [BPIC@beaumont.org](mailto:BPIC@beaumont.org)**

**QUESTIONS? CALL (947) 522-1040**

**Full Legal Entity/Corporation Name:** \_\_\_\_\_

**Physician/Office Manager/Contact Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

1. Professional Employees: Please indicate the number of employees with the following credentials:

<input type="text"/> Doctor of Medicine	<input type="text"/> Anesthetist
<input type="text"/> Doctor of Chiropractic	<input type="text"/> Medical Assistant
<input type="text"/> Doctor of Dental Surgery	<input type="text"/> Physicians Assistant
<input type="text"/> Doctor of Dental Medicine	<input type="text"/> Registered Nurse
<input type="text"/> Doctor of Osteopathic Medicine	<input type="text"/> Nurse Practitioner
<input type="text"/> Doctor of Podiatric Medicine	<input type="text"/> Licensed Practical Nurse
<input type="text"/> Doctor of Optometry	<input type="text"/> Certified Nurse Midwife
<input type="text"/> Doctor of Philosophy	<input type="text"/> Licensed Social Worker
	<input type="text"/> Licensed Clinical Social Worker

*Please circle your response to each item below.*

2. Has the Applicant complied with HIPAA requirements by:

- |   |     |    |
|---|-----|----|
| a. Adopting and implementing written privacy procedures?                | Yes | No |
| b. Training all of its employees to understand your privacy procedures? | Yes | No |
| c. Designating a privacy official?                                      | Yes | No |

3. Does the Applicant encrypt data that contains Protected Health Information stored on laptop computers, blackberries, other "smart phones", and portable media such as thumb drives? Yes No

4. Does the Applicant enforce network security policies and procedures that include:

- |  |     |    |
|--|-----|----|
| a. Anti-virus software for all computers?  | Yes | No |
| b. Firewalls on all internet access points?  | Yes | No |
| c. A software update process including installation of security related software "patches" on a regular basis? | Yes | No |

5. Is the Applicant aware of any actual or alleged fact, circumstance, issue, situation, error or omission or event which: a) might give rise to a claim against any proposed insured for invasion or interference with rights of privacy, disclosure, loss or misuse of personal information, or which might otherwise result in a claim against any proposed insured with regard to the insurance sought or; b) which might give rise to an obligation to comply with a law requiring notification of an actual or suspected disclosure of personal information? Yes No

*\*Note that this form is for a premium indication only. A short 7 question application must be completed and submitted before any coverage may be bound.*