

CY CAREFULLY.

City:		State & Zip:	
# of Employees:		Date Established:	
: H E V L W H 8 5 / ¶ V			
Authorized Officer ¹ :		Telephone:	
		E-mail:	
Breach Response Contact ² :		Telephone:	
		E-mail:	
Business Description:			
Does the Applicant provide data processing, storage or hosting services to third parties?			<input type="checkbox"/> Yes <input type="checkbox"/> No

REVENUE INFORMATION:

*For Applicants in Healthcare: Net Patient Services Revenue plus Other Operating Revenue

*For all other Applicants, please provide Gross Revenue information

	Most Recent Twelve (12) months: (ending: ___/___)	Previous Year	Next Year (estimate)
US Revenue:	USD	USD	USD
Non-US Revenue:	USD	USD	USD

What SHUFHQWDJH RI WKH \$ S ~~Business~~ ~~Direct~~ to consumer?
\$UH VLJQLILFDQW FKDQJHV LQ WKH QDWXUH RU VLJH RI WKH \$

Does the Applicant have centralized log collection and management that allows for review of all access and activity on the network? For how long are logs maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is Ap S O L F D Q W ¶ V S U R F H V V (Check All That Apply) X S G D W D " <input type="checkbox"/> Full backup <input type="checkbox"/> Incremental <input type="checkbox"/> Differential <input type="checkbox"/> Mirror <input type="checkbox"/> Other: How often is Ap S O L F D Q W ¶ V G D W D E D F N H G X S " Where are data backups stored? (check all that apply) <input type="checkbox"/> Secure offsite <input type="checkbox"/> Secondary Data Center <input type="checkbox"/> Other: If necessary, how quickly can backed up data be accessed and restored?	

MEDIA LIABILITY

Please describe the media activities of the Applicant or by others on behalf of the Applicant <input type="checkbox"/> Television <input type="checkbox"/> Radio <input type="checkbox"/> Print <input type="checkbox"/> S S S O L F D Q W ¶ V <input type="checkbox"/> Internet Advertising <input type="checkbox"/> Social Media <input type="checkbox"/> Marketing Materials <input type="checkbox"/> Audio or Video Streaming <input type="checkbox"/> Other (please describe:	
Does the Applicant have a formal review process in place to screen any published or broadcast material (including digital content), for intellectual property and privacy compliance prior to any publication, broadcast, distribution or use?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are such reviews conducted by, or under the supervision, of a qualified attorney?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the Applicant allow user generated content to be displayed on its website(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

E-CRIME

