

**THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.**

This application for NetGuard® Plus Cyber Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications. "You" and "Your", as used in this application, means the Applicant.

<b>1. GENERAL INFORMATION</b>			
Name of Applicant:	Workforce Solutions - Capital Area Workforce Board		
Street Address:	9001 N IH35, Suite 110E		
City, State, Zip:	Austin, TX 78753	Phone:	512-597-7116
Website:	www.wfscapitalarea.com	Fax:	512-381-5106
Primary Contact Name:	CHERYL CARTER	Primary Contact E-Mail:	cheryl.carter@wfscapitalarea.com
<b>2. FORM OF BUSINESS</b>			
a. Applicant is a(an):	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other: 501(c)3		
b. Date established:	1984		
c. Description of operations:	Workforce Solutions provides policy and program guidance and administers		
d. Total number of employees:	33		
e. Please attach a list of all subsidiaries, affiliated companies or entities owned by the Applicant. Please describe (1) the nature of operations of each such subsidiary, affiliated company or entity, (2) its relationship to the Applicant and (3) the percentage of ownership by the Applicant.			
<b>3. REVENUES</b>			
Gross Revenues Forecast for the Current Fiscal Year:	\$62,000,000		
<b>4. COVERAGE DESIRED</b>			
a. Proposed Effective Date:	10/01/2021 9/1/2021 APC		
b. Retroactive Date:			
c. Limit(s):	1,000,000		
d. Deductible(s):	10,000		
<b>5. RECORDS</b>			
a. Do you collect, store, host, process, control, use or share any private or sensitive information* in either paper or electronic form? If "Yes", please provide the approximate number of unique records: Paper records: unknown we have a secure file room Electronic records: At a minimum 15,000 records could be higher *Private or sensitive information includes any information or data that can be used to uniquely identify a person, including, but not limited to, social security numbers or other government identification numbers, payment card information, drivers' license numbers, financial account numbers, personal identification numbers (PINs), usernames, passwords, healthcare records and email addresses.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you collect, store, host, process, control, use or share any biometric information or data, such as fingerprints, voiceprints, facial, hand, iris or retinal scans, DNA, or any other biological, physical or behavioral characteristics that can be used to uniquely identify a person? If "Yes", have you reviewed your policies relating to the collection, storage and destruction of such information or data with a qualified attorney and confirmed compliance with applicable federal, state, local and foreign laws?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6. CLOUD PROVIDER</b>			
Do you use a cloud provider to store data or host applications? If "Yes", please provide the name of the cloud provider: O365, MS Azure If you use more than one cloud provider to store data, please specify the cloud provider storing the largest quantity of sensitive customer and/or employee records (e.g., including medical records, personal health information, social security numbers, bank account details and credit card numbers) for you.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>7. INFORMATION AND NETWORK SECURITY CONTROLS</b>			
Do you use anti-virus software and a firewall to protect your network?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No