AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

AgendaTitle:
Colorado Counties Casualty and Property Pool, Network/Privacy/Media Content Liability Insurance Coverage Application

Action Requested: County Manager Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:
Application for insurance coverage for risks associated with the collection, processing and maintenance of personally identifiable information. This may or may not have an effect on annual policy premiums.

Fiscal Impact: Unknown

Submitted by: Ben Cowan **Submitter's Email Address:** bcowan@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\BCOWAN Discharge Date: 11/18/2013

County Attorney Review: (●) Required ( ) Not Required

Comments:

Reviewed by: GUNCOUNTY1\ATREZISE Discharge Date: 11/19/2013 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reviewed by: GUNCOUNTY1\MBIRNIE Discharge Date: 11/19/2013

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted:

Agenda Date: 11/26/2013 Follow Up Agenda Date:

Revised April 2013

CTSI
Serving Colorado's Counties

COLORADO COUNTIES CASUALTY AND PROPERTY POOL
NETWORK/PRIVACY/MEDIA CONTENT LIABILITY INSURANCE APPLICATION

Attached is CTSI's 2014 Network Security and Privacy Liability Application for your completion.

Following are clarifications to questions on the application form:

Types of sensitive data processed/stored
Your County may keep applications, health information, social security numbers, dates of birth, driver's license numbers for your employees and constituents or credit/debit card numbers (if you process those types of transactions).

Number of transactions
Only count transactions related to debit and credit card payment card transactions.

Number of records stored
Information for each constituent and each employee are unique records.

encrypted mobile devices
The insurer is looking to see if the County is placing encryption software on laptops, flash drives and other mobile devices as a security precaution.

PCI/DDS compliance
This is related to debit and credit card payment card transactions that go over the phone or through the internet, and is a legal requirement. Many risks contract with another party to process credit card transactions.

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Serving Colorado's Counties

COLORADO COUNTIES CASUALTY AND PROPERTY POOL
NETWORK/PRIVACY/MEDIA CONTENT LIABILITY INSURANCE APPLICATION

IMPORTANT: Please note that the limit of liability selected will apply to Network, Privacy and Media liability only. All other clauses will have sub-limits applied in accordance with the corresponding Declarations. Cover is provided on a claims made and reported basis.

County Name:	GUNNISON COUNTY		
Address:	200 E VIRGINIA AVE		
	GUNNISON, CO	Zip Code:	81230
Email Address:	BCOWAN@GUNNISONCOUNTY.ORG	Phone:	970-641-2203

Please enter the information as noted below

Current Operating Budget ($m): $44M

Number of Employees 265

Number of Records (including Employee Records) APPROX. 100,000

In order to confirm eligibility for the program, please answer the questions below:

1. Do you have written policies and procedures in place covering compliance with local and Federal privacy regulations and have they been reviewed by an attorney? ☐ Yes ☒ No
   We believe Gunnison County is in compliance, but not all dept. have policies.
2. Does your County collect, receive, process, transmit or maintain private or Personally Identifiable Information (PII) as part of its business activities? ☒ Yes ☐ No
   If "yes", please indicate what type(s):
   ☒ Credit/debit card data ☒ Medical records/PHI ☒ SS#'s
   ☒ Employee/HR information ☒ Bank accounts/records ☐ Intellectual property of others
   ☒ Driver License Numbers ☐ Constituent (Customer) information
   ☐ "Other", please describe:
3. Do you have a written IT security policy in place that governs the handling and storage of sensitive information within your County ? ☐ Yes ☒ No
   a) If "yes", when was the last update to these policies?
4. Does your County share private or personal information gathered from constituents, employees, etc. (by you or others) with third parties? ☐ Yes ☒ No
5. Does your County provide remote access to its Computer Systems? ☒ Yes ☐ No
   a) If "yes" how many users have remote access?
   b) Is remote access restricted to Virtual Private Networks (VPN's)? ☐ Yes ☒ No
   Secure web access is available to select apps: Exchange, Doc Mgmt, etc.
6. Do you have anti-virus software installed and enabled on all desktops and servers (excluding database servers) and is it updated on a regular basis? Do you also have firewalls installed on all external gateways? Finally, do you take regular back-ups? (at least weekly) of all critical data? Note: check "yes" only if all apply. ☒ Yes ☐ No
7. If confidential information is stored on laptops, flash drives and other mobile devices, is the information stored in an encrypted format? ☐ Yes ☒ No
   We are not aware of confidential info on these devices
8. Is data "at rest" (servers, etc.) stored in an encrypted format? ☐ Yes ☒ No
9. Have you suffered a claim or loss in the last five years, in relation to the risks that this proposal relates to? If yes, please describe via attached page. ☐ Yes ☒ No

10. Are you aware of any circumstances or complaints against you in relation to data protection or security, PII (Personally Identifiable Information), or any actual or potential security violations or breaches either currently or in the past five years? ☐ Yes ☒ No

11. Do you terminate all associated computer access and user accounts when an employee's employment with the County is terminated? ☒ Yes ☐ No

12. Is the IT function centrally controlled by a County or other Data Centers or managed by individuals within the County? Explain:

13. Does your County have a website that allows blogging or social networking functions? ☒ Yes ☐ No
Explain:

PLEASE READ

Applicant hereby represents after inquiry, that information contained herein and in any supplemental applications or forms required hereby, is true, accurate and complete, and that no material facts have been suppressed or misstated.

Applicant acknowledges a continuing obligation to report to the Company as soon as practicable any material changes in all such information, after signing the application and prior to issuance of the policy, and acknowledges that the Company shall have the right to withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance based upon such changes.

Further, Applicant understands and acknowledges that:
1. If a policy is issued, the Company will have relied upon, as representations, this application, any supplemental applications, and any other statements furnished to the Company in conjunction with this application, all of which are hereby incorporated by reference into this application and made a part thereof.

2. This application will be the basis of the contract and will be incorporated by references into and made part of such policy; and

3. Applicant's failure to report to its current insurance company any claim made against it during the current policy term, or act, omission or circumstances which Applicant is aware of which may give rise to a claim before the expiration of the current policy may create a lack of coverage for each Applicant who had a basis to believe that any such act, omission or circumstances might reasonably be expected to be the basis of a claim. The policy applied for provides coverage on a claims-made and reported basis and will apply only to claims that are first made against the insured and reported in writing to the Company during the policy period. Claims expenses are within and reduce the limit of liability. Applicant hereby authorizes the release of claim information to the Company from any current or prior insurer of the Applicant.

FRAUD WARNINGS
Notice to Colorado Applicants: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. ALL WRITTEN STATEMENTS AND MATERIALS FURNISHED TO THE COMPANY IN CONJUNCTION WITH THIS APPLICATION ARE HEREBY INCORPORATED BY REFERENCE INTO THIS APPLICATION AND MADE A PART HEREOF.

The undersigned certifies that he or she is an authorized representative of the applicant identified in 'APPLICANT DETAILS" and certifies that reasonable inquiry has been made to obtain the answers to these questions. He or she certifies that the answers are true, correct and complete to the best of his/her knowledge and belief.

Applicant Name: _____ Title: _____

Applicant's Signature: _____ Date: _____

CONTACT: