



INSURANCE QUESTIONNAIRE
for
**DOCUMENT SCANNING AND SECURE DOCUMENT
DESTRUCTION CONTRACTS**

Member or Associate Member: _____

Customer: _____

Contract Number/PO/Project Description: _____

ATTACH ADDITIONAL PAGES IF NECESSARY

1. Are documents being scanned or destroyed?

Scanned: Destroyed:

2. What types of documents are involved? Please be specific (ie birth records, fingerprints, licenses, transcripts, building plans, etc. "Unknown" is not an acceptable answer):

3. Is this

a new contract for services that have not yet been performed?
a new contract for existing services?
an option to renew?

4. Are the documents publicly available?

Yes No

5. Do the documents contain confidential information (social security numbers, license numbers, etc.) or protected health information (“PHI”) (medical records, etc.)?

Yes No

If yes, what specific type of confidential information or PHI is included?

6. Is the information encrypted?

Yes No

7. If yes, what encryption method is utilized?

8. What process is being used to destroy or scan the documents? Be explicit - do the documents leave the customer’s facility? If so, how – by truck, on removable computer drives, over a T-1 line, over the internet but encrypted, etc.

9. Do the individuals who constitute the disabled labor provided by the member agency become employees of the associate member for the purpose of performing the contract?

Yes No

10. Does your organization have a data breach notification policy?

Yes No

11. Will subcontractors/couriers be utilized on this contract?

Yes No

If yes, name each subcontractor/courier and specifically explain their role:

12. If a courier is used, is the courier bonded?

Yes No

If yes, please provided bond documentation

13. Under your organizations recovery plan, after how many days will your system again be operational? _____

14. Please attach your organizations policy regarding the use of mobile devices during contract fulfillment. Examples of mobile devices include cell phones, cameras, laptops, tablets, etc.

SIGNATURES:

NYSID Member or Associate Member

By: _____

Date: _____

NYSID

By: _____
NYSID Account Representative (for new contracts) or Contract Administration Specialist (for Renewal of Services and Option to Renew)

Date: _____