LAWDESK BUSINESS PARTNER DATA SECURITY REVIEW

| | JSINESS NAME: BUSINESS CONTACT: PHONE NO.: DATE SUBMITTED: | | | | | | | | |
|-----------|---|--|--|--|--|--|--|--|--|
| <u>PI</u> | Physical & Logical Security (PLEASE RESPOND TO QUESTIONS IN DETAIL) | | | | | | | | |
| Pl | hysical Access | | | | | | | | |
| 1. | Please describe in detail the security measures in place to protect servers, routers, and other network devices. | | | | | | | | |
| 2. | Are locks and alarms armed during off-hours? | | | | | | | | |
| 3. | Are all unauthorized intrusions or attempted intrusions reported to the Information Security Officer? | | | | | | | | |
| 4. | Who within the organization has access to the computer room? | | | | | | | | |
| 5. | Are PCs and workstations secured with password-protected screensavers? | | | | | | | | |
| L | ogical Access and Controls | | | | | | | | |
| 1. | How are user ID and passwords utilized and monitored? | | | | | | | | |
| 2. | Describe in detail, how unauthorized access attempts are reported to management? | | | | | | | | |
| 3. | Is an Intrusion Detection System in place? Is it monitored real-time? Describe in detail your monitoring process. | | | | | | | | |
| 4. | Is network protected from unauthorized access using firewalls? ☐Yes ☐ No, If Yes, Model | | | | | | | | |
| 5. | Describe your network firewall protection systems. | | | | | | | | |
| 6. | If applicable, do you intend to firewall your network from Company's Network? □Yes □ No | | | | | | | | |
| 7. | If applicable, will you store any Company's sensitive data? $\ \Box$ Yes $\ \Box$ No | | | | | | | | |
| | If yes, for what purpose is it stored. | | | | | | | | |
| 8. | ■ How long will it be stored? Is it encrypted while stored? □Yes □ No Is a wireless network implemented in your facility? □Yes □ No | | | | | | | | |

| How is your network monitored for unauthorized access attempts, excessive or unusual network activity? | | | | | | |
|--|--|--|--|--|--|--|
| 0. Are you using anti-virus software? ☐ Yes ☐ No; If so, Manufacturer Product Name Version | | | | | | |
| . Provide examples of network activity documentation. | | | | | | |
| 2. What was the date of the last network penetration test that was performed at your facility? | | | | | | |
| . Describe in detail the controls in place to ensure complete and accurate data transmissions. | | | | | | |
| . Do you encrypt sensitive data? Destribe | | | | | | |
| ■ Do you utilize a secure virtual private network ("VPN") to set up your remote connections? ☐ Yes ☐ No; If so, Manufacturer Product Name Version | | | | | | |
| re Suppression | | | | | | |
| Please describe in detail the fire detection and suppression systems in place. | | | | | | |
| Are adequate fire instructions posted? | | | | | | |
| Is there a fire alarm device present? | | | | | | |
| Are computer operators familiar with emergency power-off procedures? | | | | | | |
| Where wet pipe sprinkler systems are in use, are adequate systems in place to protect against water damage? | | | | | | |
| olicies and Procedures | | | | | | |
| Are adequate Policies & Procedures in place and enforced? | | | | | | |
| Do you have Policies & Procedures for the following: Systems Development & Change Control? Network Security and Access Controls? Computer Operations and Processing Procedures? Yes □ No Telecommunications Operations? Yes □ No Security Incident & Handling Procedures Yes □ No How often are Policies & Procedures reviewed? | | | | | | |
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| <u>Ta</u> | ape | Back-up and Data Storage Security | | | | | | |
|---|---|---|--|--|--|--|--|--|
| 1. | . Describe in detail the critical file backup process and frequency. | | | | | | | |
| 2. | . Are backup tapes stored at an off-site secure location? _ | | | | | | | |
| 3. | 3. Is data encrypted before being transported off-site? | | | | | | | |
| 4. | Are | e periodic inventories of archival tapes and disks taken? | | | | | | |
| 5. | ls | access to stored backups limited to authorized personnel? Are logs kept? _ | | | | | | |
| <u>Di</u> | isp | osal of Confidential Information | | | | | | |
| 1. | In detail, describe the process for the disposal of confidential information including paper documents, CDs, floppy disks, etc. | | | | | | | |
| 2. | De | Describe the procedures in place for the disposal of hardware and data removal from disk. | | | | | | |
| C | | ingency Planning | | | | | | |
| 1. Do you have a Disaster Recovery Plan?Please provide a high-level summary of the plan. | | | | | | | | |
| | 2. | Is adequacy and effectiveness of the IT disaster recovery/contingency plan reviewed, tested, and maintained on a regular basis? | | | | | | |
| | 3. | Is a copy of the IT contingency plan stored off-site? | | | | | | |
| | 4. | Are all-critical resources covered by the plan, including all data and telecom components? | | | | | | |
| Has the plan been approved by Senior Management? | | | | | | | | |
| | 6. | 6. Do you have adequate backup power in the event of an outage? | | | | | | |
| | | Are UPS units in place on critical hardware? How much time do the batteries provide? | | | | | | |
| | | Do you utilize a backup generator? How long before the generators are at full capacity? | | | | | | |

Audits/Examinations

| | Please provide a summary of the IT audits performed during the last 2 years. | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|
| Has management taken appropriate and timely action to address the deficiencies noted audit report? | | | | | | | | | |
| 3. Do you have a formal vendor management process in place for your mission critical v $\hfill \square$ Yes $\hfill \square$ No | | | | | | | | | |
| | 4. Are you Payment Card Industry Security Standards (PCI) compliant? ☐ Yes ☐ No If yes,☐ Self-Certified ☐ Auditor Certified If no, do you have plans to become PCI compliant? ☐ Yes ☐ No Expected Date to be completed: | | | | | | | | |
| <u>Pe</u> | ers | <u>onnel</u> | | | | | | | |
| | 1. | Please describe procedures for potential new employees. | | | | | | | |
| | | Background checks | | | | | | | |
| | | Fingerprints | | | | | | | |
| | 2. | Please provide a copy of the Confidentiality or non-disclosure agreement employees' sign as part of their initial terms and conditions of employment. | | | | | | | |
| | 3. | Is there a continuing security education program for IT staff? | | | | | | | |
| | 4. Please describe in detail Incident Management procedures to handle security incidents. | | | | | | | | |
| <u>G</u> | ENE | RAL_ | | | | | | | |
| | | Insurance | | | | | | | |
| 1. | Ple | ease provide a corporate insurance coverage certificate. | | | | | | | |
| | | Foreign Based | | | | | | | |
| 1. | | you have a foreign-based facility that is providing service to Company? If so, what is location? | | | | | | | |

| Additional Comments | | | | | |
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