

## Request for Quote

Company: \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ ext: \_\_\_\_\_

Please answer the following questions so that we may customize your proposal accurately. All responses will be held in strictest confidence and you do not have to answer all questions to receive a quote. Please call **800-501-4344** if you have any questions, or if you do not wish to transmit this information via fax or e-mail.

### How did you hear about The CyberAngel®?

Internet  Mail  E-Mail  Business Referral  Ads  Sales Rep  Friend  Social Media  Other \_\_\_\_\_

### Computers to be included in this quote:

Total Number: \_\_\_\_\_ Desktop  Laptop  Tablet  Netbook   
Operating System (check): \_\_\_\_\_ Win 7  Win Vista  Win XP  Mac  Other

### Prioritize your data security needs (1=urgent, 2=needed soon, 3=already have)

User Authentication  Data Encryption  Data in Transit  Understanding how privacy legislation affects my business  
 Asset Tracking  Equipment Recovery  Staff Education  Developing a response plan  Creating a data security initiative

### Workforce Profile

|   |     |    |   |     |    |
|---|-----|----|---|-----|----|
| Do you have remote or home office based employees?        | Yes | No | Are company laptops allowed remote access to corporate servers?             | Yes | No |
| Do you use independent agents or sub-contractors?         | Yes | No | Are employee's personal computers used to do business from home?            | Yes | No |
| Does your company have a mobile workforce?                | Yes | No | Do employees use thumb / flash drives to carry data or files out of office? | Yes | No |
| Do you offer data compliance training for your workforce? | Yes | No | Can your physical security system recover stolen computer assets?           | Yes | No |
| Do you use locks or cables to protect your computers?     | Yes | No | Do you prioritize your computer risk status?                                | Yes | No |

### Check the information or data that you store on your computers (laptop, tablet or desktop) for clients, employees or business purposes:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Name                   | <input type="checkbox"/> Business Banking Information     | <input type="checkbox"/> Saved or Stored Passwords       | <input type="checkbox"/> Religion                 |
| <input type="checkbox"/> Date of Birth          | <input type="checkbox"/> Tax ID Numbers                   | <input type="checkbox"/> Home Based Business Information | <input type="checkbox"/> Height / Weight          |
| <input type="checkbox"/> Address                | <input type="checkbox"/> Employee Records                 | <input type="checkbox"/> Retirement Account Information  | <input type="checkbox"/> Prescription Drugs       |
| <input type="checkbox"/> Phone Number           | <input type="checkbox"/> Client Records                   | <input type="checkbox"/> Personal Investment Information | <input type="checkbox"/> Mental Health Issues     |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> E-mail Addresses                 | <input type="checkbox"/> Educational Background          | <input type="checkbox"/> Bio-Metric Data          |
| <input type="checkbox"/> Driver License Number  | <input type="checkbox"/> Business Plans                   | <input type="checkbox"/> Family Health History           | <input type="checkbox"/> Sexual Preferences       |
| <input type="checkbox"/> Credit History         | <input type="checkbox"/> Payable / Receivable Information | <input type="checkbox"/> Personal Health History         | <input type="checkbox"/> HIV Status               |
| <input type="checkbox"/> Gender                 | <input type="checkbox"/> Business Insurance Information   | <input type="checkbox"/> Ethnicity                       | <input type="checkbox"/> Insurance or Payor Data  |
| <input type="checkbox"/> Client Photo           | <input type="checkbox"/> Corporate Financials             | <input type="checkbox"/> Marital Status                  | <input type="checkbox"/> Claims Processing Access |
| <input type="checkbox"/> Client Account Numbers | <input type="checkbox"/> Sales Plan                       | <input type="checkbox"/> Guardian /Next of Kin           | <input type="checkbox"/> Donor Information        |

**Protecting your Computers...Your Data...Your Reputation**