

REQUEST FOR QUOTE
The CyberAngel® with Wi-Trac Software

Company: _____

Address: _____

Contact Name: _____ Phone: _____

Email: _____

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.

Type of business

- Healthcare Education Financial Government Entity Non-profit Insurance
 Small business Corporation Fundraising Organization Other _____

Total number of computers to be included in this quote

_____ Desk top PC _____ Laptop _____ Tablet PC

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

- | | |
|-------------------------|---|
| ___ User authentication | ___ Staff education |
| ___ Data encryption | ___ Understanding how privacy legislation affects my business |
| ___ Asset tracking | ___ Outsourcing data security issues |
| ___ Equipment recovery | ___ Other _____ |

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

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Saved or stored passwords |
| <input type="checkbox"/> Address | <input type="checkbox"/> Click through passwords |
| <input type="checkbox"/> Phone Number | <input type="checkbox"/> Email Addresses |
| <input type="checkbox"/> Fax Number | <input type="checkbox"/> Account Number |
| <input type="checkbox"/> Date of Birth | <input type="checkbox"/> Medical Record Number |
| <input type="checkbox"/> Social Security Number | <input type="checkbox"/> Student ID Number |
| <input type="checkbox"/> Driver's License Number | <input type="checkbox"/> Biometric data |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Tax ID Number |
| <input type="checkbox"/> Insurance or Payor Data | <input type="checkbox"/> Any other non-public information |
- Any communications including sales plans, business plans, email or word documents, spread sheets, etcetera which include personal, business proprietary or confidential data.

- | | | |
|---|------------------------------|-----------------------------|
| Do you use remote or home office based employees? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you use independent agents or sub-contractors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have dial up or VPN access away from the office? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are your laptops Wi-Fi enabled? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Corporate Security Direction

- Do you have a response plan developed and in place in the event of a possible data breach? Yes No
Do you have a security initiative to address protection of information and data? Yes No
Is protection of data and computer assets a budgeted item within the next 12 months? Yes No

Thank you for your request for a quote and considering CyberAngel® Security Solutions, Inc. as your business partner. To receive your quote and evaluation copy of the CyberAngel® software, please forward this form by:

ID: FF3739-2

Fax to CyberAngel® Security Solutions, Inc. at 615-837-9175
OR
Mail to CyberAngel® Security Solutions, Inc.
475 Metroplex Drive, Suite 104
Nashville, TN 37211