

Attachment 4

STATEMENT OF COMPLIANCE OF PERSONAL IDENTIFIABLE INFORMATION PROTECTION AND DATA BREACH

[Alterations to this document are prohibited. See RFP Section A 3.2.5.6]

Brad Biren
Iowa Insurance Division
1963 Bell Avenue
Des Moines, IA 50315

RE: Iowa Insurance Division Request for Proposals for Insurance License Testing Services and Continuing Education Program Administration
STATEMENT OF COMPLIANCE OF PERSONAL IDENTIFIABLE INFORMATION PROTECTION AND DATA BREACH

Dear Mr. Biren:

By submitting a Proposal in response to Iowa Insurance Division Request for Proposals for Insurance License Testing Services and Continuing Education Program Administration, the undersigned Bidder certifies the following:

In the event that the Bidder suffers a Personal Data Breach, the Bidder shall inform the Agency/Division within twenty-four (24) hours upon learning of the same and reasonably cooperate with the Agency to mitigate the effects and to minimize any damage resulting therefrom. To the extent reasonably possible, the notification to the Agency shall include: (i) a description of the nature of the incident, including where possible the categories and approximate number of data subjects concerned and the categories and approximate number of Personal Data records concerned; (ii) the name and contact details of the Bidder's data protection officer or another contact point where more information can be obtained; (iii) a description of the likely consequences of the incident; and (iv) a description of the measures taken or proposed to be taken by the Bidder to address the incident including, where appropriate, measures to mitigate its possible adverse effects

Sincerely,

Signature

Name of Authorized Representative

Title

For _____
Bidder

Date