

**Protective Industry Compliance Transparency Attestation
Form Maintained by: Jim McConnell from Ask McConnell, LLC
Input from countless professionals**

Legal / Registration Information	
Legal Entity Name:	
Legal Entity Mailing Address:	
Type of Corporation: (LLC, Foreign, PLC, S-Corp, C-Corp, etc)	
Federal Tax ID (USA = EIN)	
D&B Number	
US CAGE Code	
Web Site Address	
Web Site Address for Ethics / Code of Conduct Doc	
Ethics / Whistleblower Contact Information	

Key Personnel		
Role	Full Name	Contact Email
Registered CEO		
Chief Security Officer		
Chief Information Security Officer		
Ethics and Compliance Officer		
Internet Abuse / Bug Bounty Focal Point		
Other _____		

Government Licensing						
State / Jurisdiction	License #	License Type	Date of issuance	Date of Expiration	Number of Covered Employees (W2)	Number of Covered non-employees

Insurance		
Coverage Type	Country Coverage	Amount of Coverage
General Liability		
Cyber Insurance		
Workers Comp		

Third-Party Audits		
Audit Standard	Audit Firm	Date of Report
ISO 27001		
SOC2		
PCI DSS		
HIPAA		
Last Full Network Pen Test		
Last HQ Building Pen Test		
Other _____		

Industry Certifications	
Certifications	Number of employees (not third parties/1099) with CURRENT Certification
CPP	
PCI	
PSP	
CTM	
CISSP	
CFE	
CPR/FA/AED	
TCCC/TECC	
EMR/EMT	
Other _____	
Other _____	

Wet Ink Attestation

CEO

Date

Chief (Information) Security Officer

Date