

## **Securities Industry and Financial Markets Association (SIFMA) Securities Industry Vendor Business Continuity Questionnaire**

This document is a standard securities industry due diligence questionnaire for collecting business continuity information from vendors in order to evaluate vendor recovery strategies and plans. The questionnaire has been developed based on regulatory requirements and business continuity sound practices that are applicable to the securities industry. Use of a standard questionnaire will reduce duplicative work for both vendors and securities industry organizations. The questionnaire may be used by securities industry organizations and their vendors and service providers or other organizations or individual.

The questions presented in this document are coordinated with the “official” business continuity and risk control sections of the Standardized Information Gathering (SIG) Questionnaire offered by BITS and The Santa Fe Group as part of the Shared Assessments Program. The official SIG which includes twelve control areas in addition to Business Continuity and Risk, is available for download at [www.sharedassessments.org/download](http://www.sharedassessments.org/download). Securities industry organizations may use this SIFMA questionnaire or the Shared Assessments Program SIG questionnaire when evaluating vendors.

**BY DOWNLOADING AND/OR UTILIZING THIS QUESTIONNAIRE, THE USER ORGANIZATION INDICATES AGREEMENT TO THE TERMS OF USE PRESENTED IN APPENDIX A.**

For questions and comments regarding this questionnaire, contact  
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### **Securities Industry Organizations**

- Firms may download the questionnaire and provide it to their vendors and service providers or request copies of completed questionnaire held by their vendors.
- This survey is not meant to expand on or supersede any contractual agreements between securities industry organizations and vendors.
- Firms should carefully review the questionnaire and determine whether any additional questions are required.
- Each firm should evaluate the vendor responses based on its internal risk tolerance and recovery requirements.

### **Vendors and Service Providers**

- Vendors and service providers may download the questionnaire and use it to respond to business continuity inquiries from clients.
- This survey is not meant to expand on or supersede any contractual agreements between securities industry organizations and vendors.
- Each vendor will retain their completed questionnaire and provide it to clients at their discretion.

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0.0 Requested Documentation		
<p>For definition of the terms and a fuller set of expectations to answers see the "Business Continuity Planning (BCP), March 2008, Federal Financial Institutions Examination Council IT Examination Handbook.</p> <p>FINRA's NASD Rule 3510/3520 and NYSE Rule 446 can also be referenced.</p> <p>Note: This survey is not meant to serve as a replacement for any language on BC/DR between the two parties in their contract of services. Any contract terms that ensure ongoing capability (as described in the answers to these due-diligence questions) should be handled through normal contract means.</p>		
0.1	Provide a summary of your Business Continuity Plan, Disaster Recovery Plan, and Pandemic Plan. If you are for any reason unable to provide the requested documentation, please provide an explanation.	
0.2	Emergency Contact information – Please list all Client Relationship, Systems, Operational and Business Continuity contact information, including after hours coverage, or alternatively provide the 24/7 coverage lines to these specific departments or service centers.	
	Name	Name
	Phone	Phone
	Email	Email
	Role	Role
	Name	Name
	Phone	Phone
	Email	Email
	Role	Role
	Name	Name
	Phone	Phone
	Email	Email
	Role	Role
	Name	Name
	Phone	Phone
	Email	Email
	Role	Role

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1.0 OVERALL PROGRAM MANAGEMENT, POLICY, STRATEGY, AND GOVERNANCE		
1.1	<p>Is your BC program regulated and/or audited by any Regulatory Agency?</p> <p>(E.g. FFIEC, SEC, FINRA, OTS, OCC, State Regulators, etc.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Name of regulator:  If <i>Yes</i> , go to Question 1.3, If <i>No</i> , skip Question 1.3
1.2	<p>Have the findings of any Regulatory agencies' examination (in your most recent exam) resulted in an overall "Unsatisfactory" or "Needs Improvement" rating? If so, have they been appropriately mitigated?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No  If <i>Yes</i> , what Regulatory Agency, what were those findings, and what was done to remediate?
1.3	<p>Has an "internal audit" type function and/or independent external third party evaluated your BC/DR Program within the past year?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , were there any negative findings, and what was done to remediate?
1.4	<p>Does your organization have a written policy for business continuity and disaster recovery?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	<p>Does your business continuity plan have senior management approval and sponsorship?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> , please explain:
1.6	<p>Does your organization have a formal governance body for business continuity?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.7	<p>Is there a designated individual or group responsible for oversight and administration of the business continuity policy and program within your organization?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.8	<p>Does senior management, an officer in the company or the board approve and sponsor the business continuity plan(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.9	<p>Is your BC/DR plan reviewed and updated at least annually?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.10	<p>Does your organization conduct a periodic review of the BC program with senior management to consider changes in organization, technology, processes, environmental, and regulatory factors on a periodic basis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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1.11	Does your organization conduct a periodic review of the BC program with senior management to consider the adequacy of resources (i.e., People, Technology, Facilities, and Funding) to support the BC/DR program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.12	Does your organization's BC/DR plan include provisions to ensure that the business continuity capabilities of your critical third parties / suppliers are strong enough to support your organization's BC/DR plans and testing objectives?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> , please provide a statement describing how your company addresses and mitigates this risk:
1.13	Please identify any business disruptions your organization anticipates would cause an exception to your current planned recovery strategies.  <i>(E.g., "large scale regional flooding, large scale regional telecommunications failure affecting the internet", etc.)</i>	
1.14	Would your firm be willing to respond to this survey on a periodic basis?"	<input type="checkbox"/> Yes <input type="checkbox"/> No

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2.0 Business Impact Analysis		
2.1	Does your company conduct a Business Impact Analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , how often is the BIA conducted?  If <i>No</i> , please explain:
Does the Business Impact Analysis address the following:		
2.2	Business Process Criticality (e.g. High, Medium, Low or Numerical Rating) that distinguishes the relative importance of each process	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.3	Specification of Recovery Time Objective	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , provide the RTO  If <i>No</i> , please explain:
2.4	Specification of Recovery Point Objective	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>Yes</i> , provide the RPO  If <i>No</i> , please explain:
2.5	Maximum allowable downtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.6	Costs associated with downtime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.7	Recovery site capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.8	Impact to the clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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3.0 Risk Assessments		
3.1	Has a risk assessment been conducted within the last 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:
3.2	Does the risk assessment identify and prioritize potential disruptions based on severity of impact to your organization's business processes and the ability to provide continuous support to your clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.3	Does the risk assessment identify and prioritize potential disruptions based on severity of impact to your organization's vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.4	Do you have mitigation strategies to address the risks identified in those assessments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Is there a gap analysis comparing your existing BC/DR program capabilities versus <u>high</u> probability and high impact events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.6	Is there a gap analysis comparing your existing BC/DR program capabilities versus <u>low</u> probability but high impact events?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.5	Does your company conduct risk assessments for processes to be included in the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the risk assessment process address all areas of risk, including:		
3.6	Regulatory?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.7	Operational?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.8	Technological?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.9	Legal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.10	Financial?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.11	Information Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.12	Physical Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.13	Personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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### 4.0 PLAN DEVELOPMENT AND MAINTENANCE

Does your organization's Business Continuity and/or Disaster Recovery plan address the following elements:

4.1	Conditions for activating the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2	Procedures to relocate essential business activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3	A maintenance schedule that specifies how and when the plan is to be revised and tested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4	Awareness and education activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5	Roles and responsibilities describing who is responsible for executing all aspects of the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.6	Identification of dependencies upon third parties including utilities that service your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.7	Identification of escalation procedures for engaging your organizations critical vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.8	A change management process to ensure changes are replicated to contingency environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.9	Identification of applications, equipment, facilities, personnel, supplies and vital records necessary for recovery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.10	Regular updates from the inventory of IT and telecom assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.12	Recovery site capacity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.13	If not already covered in a current contract or SLA, is your organization's BC/DR sufficient to meet our requirements, while your organization is operating in a recovery mode?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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4.1	Are BC/DR documents required to be available and accessible where and when needed including a scenario where the location and/or technology holding the primary copy is unavailable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Are data and systems backups:	
4.16	Stored offsite in a secure environmentally controlled facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.17	Captured and taken offsite frequently enough to support the required recovery point objective (RPO)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.18	Routinely verified to be sound for recovery purposes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.19	Documented in procedures for ready access in an emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.20	Do explicit instructions exist within your BC/DR Plan to address the notification and activation of recovery media and facilities that involve all of your organization's vendors including all required account information (e.g. contract numbers, types of supplies, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>If your organization has answered No for any questions 4.1 thru 4.20, please explain any negative answers and/or explain why it is not necessary for your organization.</i></p>		

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5.0 Incident Management and Communications		
Does your organization's BC/DR Incident Management Plan include the following:		
5.1	A strategy and a communications plan for disaster declaration, notification and escalation to your organization's clients and vendors/ suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2	Identified designated personnel and trained alternates who have the capability, responsibility and authority to invoke the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.3	Documented procedures, including client contact information and client escalation procedures for the staff members to use when communicating with your clients in a disaster situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.4	A designated virtual or physical "command center" where management can meet, organize, and conduct emergency operations in a secure setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.5	A "backup command center," if the primary command center is not available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.6	Alternate and diverse means of communications if the event includes general power outages, land line and cell phone outages or overloads, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.7	A well-outlined process for public media (TV, newspapers) control during an event?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.8	Does the Business Continuity and/or Disaster Recovery plan address Customer notification when incidents occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.9	Do you provide your clients with detailed contact information for use in emergencies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.10	How often is this information updated and distributed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.11	Does your plan ensure that the key personnel (and alternates) contact information from your organization's critical vendors and services are documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.12	How often is this information collected and updated?	

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5.13	Does that contact information include the following:	
	a. cell phone numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. office phone numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. off-hours phone numbers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Primary and where available, alternate email addresses?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6.0 Testing and Reporting		
6.1	<p>How often does your organization test your BC/DR plans to ensure currency and effectiveness?</p> <p>(1) Systems &amp; Technology Relocation                      (2) People / Work Relocation                      (3) Facilities and Infrastructure testing</p>	<p>(1) <input type="checkbox"/> (2) <input type="checkbox"/> (3) <input type="checkbox"/> No testing is done</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Annually</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> After each major technological upgrade, change or modification</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other                      If Other, Please explain:</p>
6.2	Does your company prepare an annual test plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3	<p>Does testing include end-to-end exercises* of the plans to ensure all components are tested concurrently?</p> <p><i>* As end-to-end testing means different things to different industries, please describe your definition of fully testing the unimpeded delivery of your product or service.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
6.4	Does the test plan include a requirement to assess the ability to retrieve vital records?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your testing program include:		
6.5	Evacuation drills?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.6	Notification tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.7	Tabletop exercises?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.8	Application recovery tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.9	Remote access tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.10	Business relocation tests?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.11	Data Center Failover test?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.12	Critical vendors?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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6.13	Testing with your clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.14	<p>"Full scale" exercises?</p> <p><i>* Full scale testing is defined as testing of several facets of the BC/DR program at the same time, e.g. a data failover test that involves your clients, or a full firm wide exercise that involves multiple recovery sites, both personnel and data processing, etc.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
6.15	Has anything been discovered as a result of testing that would impair your organization's ability to recover?	<input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:

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7.0 Facilities, Infrastructure, and Back-up Sites		
7.1	<p>What is the distance (miles) between your organization's primary Data Center site and all of your organization's Data Center backup sites*</p> <p><i>*Defined as the location(s) your personnel would have to travel to in order to restore data processing capabilities in the event the primary location is not available.</i></p>	<p>Miles:</p> <p>If multiple backup sites, please explain the relationship and the distances between them:</p>
7.2	<p>What is the distance (miles) between your organization's primary Personnel Workspace site and all of your organization's Personnel Workspace backup sites*</p> <p><i>*Defined as the location(s) your personnel would have to travel to in the event the primary location is inaccessible.</i></p>	<p>Miles:</p> <p>If multiple backup sites, please explain the relationship and the distances between them:</p>
7.3	<p>Does your firm employ a "split production" model whereby critical work groups and/or critical data processing are maintained at geographically diverse locations in an "active/active" mode?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Additional Comments, if necessary:</p>
7.4	<p>Would any of the following events of a metropolitan or regional impact make all of your primary and alternate facilities simultaneously unusable?</p> <p>a. Transportation blockages?</p> <p>b. Weather (hurricane, tornado, typhoon, snow)?</p> <p>c. Chemical contamination?</p> <p>d. Biological hazards?</p> <p>e. Power vulnerabilities?</p> <p>f. Other (specify below)?</p>	<p>If Yes for any answers, explain.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
7.5	<p>Does your organization have provisions for the continuous replenishment of generator fuel from vendors?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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7.6	Is the backup data center provided internally, externally, or a combination of both?	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Combination of both If applicable, please provide name of back-up data center vendor:
7.7	If a third party service organization is used, are the recovery services dedicated, shared, or combination of both?	<input type="checkbox"/> Dedicated <input type="checkbox"/> Shared <input type="checkbox"/> Combination of both
7.8	Is the alternate work location provided internally, externally, or a combination of both?	<input type="checkbox"/> External <input type="checkbox"/> Internal <input type="checkbox"/> Combination of both If applicable, please provide name of alternate work location center vendor:
7.9	If a third party service organization is used, are the recovery services dedicated, shared, or combination of both?	<input type="checkbox"/> Dedicated <input type="checkbox"/> Shared <input type="checkbox"/> Combination of both
7.10	Does the backup facility(ies) have a UPS system and emergency power generators?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> , please explain:
7.11	Are communications links with the backup facility(ies) maintained and tested as part of the ongoing disaster recovery testing?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> , please explain:
7.12	Does the backup facility(ies) use a different power grid and telecommunications grid from those used by the primary site?	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>No</i> , please explain:
7.13	If you are located or provide services in NY areas, do you participate in NY CEAS (Building Emergency Access) program and issues cards to your critical staff?  If you are not located or provide services in NY areas do you participate in any similar programs in other cities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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## 8.0 MASS ABSENTEEISM AND/OR PANDEMIC PLANNING

**NOTE: THIS PART OF THE QUESTIONNAIRE DRAWS UPON THE KEY ELEMENTS FOUND IN THE DECEMBER, 2007 FFIEC GUIDANCE AND THE MARCH, 2007 GAO REPORT. THESE REPORTS DEFINE ELEMENTS THAT EVERY PANDEMIC PROGRAM SHOULD HAVE AND INCLUDE THE FOLLOWING:**

- A PREVENTATIVE PROGRAM,
- A FORMAL PLAN THAT INCLUDES ESCALATING RESPONSES TO PARTICULAR STAGES OF AN OUTBREAK,
- FACILITIES, SYSTEMS, AND/OR PROCEDURES THAT PROVIDE THE ORGANIZATION WITH THE CAPABILITY TO CONTINUE ITS CRITICAL OPERATIONS,
- A TESTING PROGRAM,
- OVERSIGHT OF THE PROGRAM

*FOR DETAILS, PLEASE SEE THE ABOVE REFERENCED MATERIALS DIRECTLY.*

8.1	<p>Do you have a plan for a Pandemic or Mass Absentee situation? (i.e., a scenario involving large scale* unavailability of staff over a protracted period of time that would have a large impact on your organization's business performance)</p> <p><i>* occurring over a wide geographic area and affecting an exceptionally high proportion of the population.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <i>NO</i>, Is there a plan under development?</p> <p>If <i>NO</i>, What is the target date for plan issuance?</p>
8.2	Is the plan subject to review at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.3	What is the maximum employee/contractor absentee rate considered in your plan?	%
8.4	Have you prioritized your business functions to determine what services you would continue during a Pandemic?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <i>YES</i>, is that priority list available for review upon request?</p>
8.5	Do you have a specific Pandemic/Mass Absentee Planning committee that performs oversight of your pandemic readiness program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.6	Does your plan include monitoring of pandemic situations elsewhere in the world?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.7	Does your company's periodic testing program include pandemic testing?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If <i>YES</i> please provide the date of either your last pandemic test or of the planned test date.</p>

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8.8	For any firms providing critical services to you, do you verify that they have a similar plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.9	Have you conducted a Business Impact Analysis covering a pandemic situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.10	Does your strategy provide for a scaled response based upon the stages of a pandemic outbreak?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.11	Please describe the strategies that you intend to utilize for this scaled response.	
8.12	Does your strategy include use of a remote access/work-from-home capability?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If <i>YES</i> please provide details of how you will test this capability and what strategies you will employ if remote access is impeded by network or internet overloading.
	Does your plan include the following?	Please provide relevant details when answering.
8.13	Trigger point(s) for activating the plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.14	Implementation of travel and visitor restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.15	Increased cleaning and disinfecting protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.16	Have you created pandemic specific HR policy and procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.17	Specific "Social Distancing" criteria / techniques?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.18	Do you offer seasonal flu vaccinations to your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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8.19	Do you plan on implementing preventative measures to limit contamination between your employees? (e.g., distributing face masks, disposable latex or vinyl gloves, alcohol based hand sanitizers, etc.?)	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>YES</i> please describe
8.20	Do you plan on implementing preventative measures within your building(s) to limit possible contamination? (e.g., special food handling procedures in cafeterias, hand sanitizer stations, etc?)	<input type="checkbox"/> Yes <input type="checkbox"/> No If <i>YES</i> please describe

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## Appendix A

### TERMS OF USE: SIFMA VENDOR BUSINESS CONTINUITY QUESTIONNAIRE

The Securities Industry and Financial Markets Association (SIFMA) maintains, promotes and facilitates the use of the SIFMA Vendor Business Continuity Questionnaire (“the Questionnaire”).

SIFMA makes the Questionnaire freely available to the public for the purpose of conducting business continuity assessments. The Questionnaire may be downloaded at <http://www.sifma.org>. Once downloaded, the documents may be copied, used and modified in any way the purpose of conducting business continuity assessments.

The content of the SIFMA Business Continuity Questionnaire is coordinated with the content of the “official” Business Continuity and Risk sections of the Standardized Information Gathering (SIG) Questionnaire (“SIG”), a risk assessment tool offered by BITS and the Santa Fe Group as part of the Shared Assessments Program. The official SIG, which includes twelve control areas in addition to Business Continuity and Risk is available for download at [www.sharedassessments.org](http://www.sharedassessments.org).

While retaining copyrights in the SIG document, the Shared Assessments Program makes them freely available to the public for the purpose of conducting self-assessments and third-party security assessments. Licenses for other uses are available from BITS. Individuals or organizations should review the terms of use prior to downloading, copying, using or modifying the SIG.

The only conditions that SIFMA attaches to persons and organizations downloading, copying, using or modifying the Questionnaire are that:

- You not assert copyright or proprietary rights in any modifications you make to those documents that would prevent others from freely incorporating those or similar modifications into those documents. If you are a financial services organization, that you make your modifications available to SIFMA for consideration as modifications or additions to the current version of the documents.
- Users wishing to incorporate the Questionnaire into a software product that is offered for license or sale must obtain a separate license from BITS and the Santa Fe Group.

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SIFMA will make every effort to ensure that the Questionnaire available for downloading from the SIFMA website is the current versions of the document.

By downloading and/or utilizing the Questionnaire, you agree to these Terms of Use.