Vendor Security Assessment

Organization: [Company Name]

Document Type: Third-Party Risk Assessment

Ref: 2026-VSA-001

I. OVERVIEW & INSTRUCTIONS

This assessment is required for all vendors and service providers that handle, process, or store data on behalf of **[Company Name]**. Please provide detailed answers for each section. If a specific control is not applicable, please explain why.

II. DATA PROTECTION & ENCRYPTION

1. **At-Rest Encryption:** Describe the encryption standards used for our data when stored on your servers (e.g., AES-256). *Answer:*
   _____
2. **In-Transit Encryption:** Do you enforce TLS 1.2 or higher for all data transmissions? *Answer:* [ ] Yes [ ] No

III. ACCESS CONTROL & IDENTITY

3. **Multi-Factor Authentication (MFA):** Is MFA mandatory for all your employees who have access to the infrastructure where our data resides? *Answer:*
   _____
4. **Principle of Least Privilege:** How do you ensure that only authorized personnel have access to our specific data sets? *Answer:*
   _____

IV. RESILIENCE & INCIDENT RESPONSE

5. **Breach Notification:** In the event of a security incident, do you guarantee written notification to our team within 24 hours of discovery? *Answer:* [ ] Yes [ ] No
6. **Backup Policy:** Describe your backup frequency and the geographic location where these backups are stored. *Answer:*
   _____

V. COMPLIANCE & AUDITS

7. **Security Certifications:** Please list your current security certifications (e.g., SOC2, ISO 27001, or industry-specific standards). *Answer:*
   _____
8. **Vulnerability Management:** How often do you perform third-party penetration testing on your platform? *Answer:*
   _____

VI. TERMINATION & DATA DELETION

9. **Data Return/Destruction:** Upon termination of the contract, what is your standard procedure for the secure deletion of our data? *Answer:*
   _____
10. **Sub-processors:** Please list any fourth-party vendors (sub-processors) who will have access to our data. *Answer:*
    _____

Authorized Signature: _____

Title: _____

Date: _____