

# Exhibit A.1



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## Contractor Agreement to Comply with BIT Information Technology Security Policy

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### Please return agreement to your designated BIT Contact

Pursuant to the terms of the Agreement between the Contractor and the State, the Contractor is required to sign this Contractor Agreement to Comply with the BIT Information Technology Security Policy (the "Policy") on behalf of its current and future employees who will be responsible for fulfilling the requirements of the Agreement. The Contractor is responsible for ensuring that each Contractor employee complies with all information security policies and procedures found within the Policy. By signature below, the Contractor hereby acknowledges and agrees to the following:

1. In providing services under a contract, the Contractor will use non-public State of South Dakota technology infrastructure or information;
2. The Contractor will protect technology and information assets of the State from unauthorized activities including but not limited to access, disclosure, modification, deletion, and usage;
3. The Contractor agrees to follow state and federal regulations in regard to confidentiality and handling of data;
4. The Contractor has read and agrees to abide by the Policy, which is attached to the Agreement;
5. The Contractor will discuss with a state contact any violation of the Policy;
6. The Contractor understands that any individual found to have violated the Policy is subject to privilege revocation and, at the State's discretion, may be considered a breach of the Agreement with the State;
7. Access to the technology infrastructure of the State or the State's information is a privilege which may be changed or revoked at the discretion of BIT management;
8. Access to the technology infrastructure of the State automatically terminates upon contract termination unless otherwise agreed upon in writing by the parties; and
9. The Contractor shall promptly report violations of the Policy to the State Contact and BIT Help Desk (605-773-4357).

Acknowledgement: State of South Dakota Information Technology Security Policy

Contractor: The individual signing this form on behalf of their entire company affirms that he/she has the authority to commit the Contractor and all its employees to follow the terms of this agreement.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BIT Contact

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Contractor name and Company name