

NETWORK or CYBER RISK CLAIM REPORT
 (To file a claim with CSD Pool for Data Compromise Liability)

Important: Completion of this form does not constitute notice of a claim/loss under your coverage.

0 _____ To be completed by the Risk Manager

Policy Number	Inception Date	Carrier Claim Number	Today's Date	Internal File Nbr	Send Notice to:
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Sections 1 through 6 to be completed by Risk Management Department

SECTION 1 Contact Information	Insured Contact Person:	Title:	Email:
	Telephone Number:	Mailing Address:	FAX Number:

SECTION 2 Loss or Claim Incident Facts	Location of loss:	Date & Time of the Event or Loss:
	Description of Incident and alleged negligence (add ID details of network devices at issue such as type of device (server), O.S., service or purpose, IP address and serial number):	
	Who was notified within the Insured? (Name, Address, Telephone No.):	
Date Plaintiff's Lawsuit Received?		
How was lawsuit or claims notice received?		

SECTION 3 Type of Loss	Check the type of claim that best describes this incident. Not Everything Listed is Covered
	<p>1st Party Loss Business interruption (revenue loss) Data theft or damage Theft of eMoney Cyber Extortion</p> <p>3rd Party Liability Unauthorized Access and Unauthorized Use Denial of Access or Services (server unavailable) Computer Virus Transmissions Privacy Breach (unauthorized access to sensitive client info) ePublishing Violations: Libel, Slander, Defamation Intellectual Property Infringement: Copyright, Trademark, Piracy Other: describe</p>

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SECTION 4 Support & Verification Documentation	<p>Attach any incident response, repair invoice or supporting documentation</p> <p>Examples of supporting documentation, if applicable:</p> <ul style="list-style-type: none"> • System & security Logs documenting the event? • Server Serial Number at issue; Operating System in question; IP address? • Service Level Agreement (SLA) if in place? • Spread Sheets tracking internal staff man hours and efforts to remediate? • External consultant (technical expert) reports 																																		
	<p>Estimated Amount of Loss: Not All Items Listed are Covered</p> <table style="width:100%; border: none;"> <tr> <td style="padding-left: 20px;">• Business Interruption</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">• Legal Expenses?</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">• Other Expenses</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">○ Client Notification Costs</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">○ Outside Technical Experts</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">○ Internal Staff Overtime Cost</td> <td style="text-align: right;">\$</td> <td style="text-align: right;">Man Hours</td> <td></td> </tr> <tr> <td style="padding-left: 40px;">○ Other</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 20px;">TOTAL OF ABOVE:</td> <td style="text-align: right;">\$</td> <td></td> <td></td> </tr> </table>			• Business Interruption	\$			• Legal Expenses?	\$			• Other Expenses				○ Client Notification Costs	\$			○ Outside Technical Experts	\$			○ Internal Staff Overtime Cost	\$	Man Hours		○ Other	\$			TOTAL OF ABOVE:	\$		
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SECTION 5 Comments																																			
SECTION 6 Report Preparation	Report prepared by:	Telephone No:	Date:																																

Risk Management Authorization:

Date:

RETURN COMPLETED FORM TO THE CSD POOL