



## In the event of a

## Cyber Breach or Suspected Incident:

Immediate Notice must be made to Beazley of all potential claims and circumstances

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1) Notify Beazley Group via email, phone, mail or website:

Email: bbr.claims@Beazley.com

Phone: (866) 567-8570 - Live operator 24 hours a day / 7 days a week

Mail: 1270 Avenue of the America's, Suite 1200, New York, NY 10020

Website: https://www.beazleybreachsolutions.com

- You can use this method if you are a Breach Response (BBR) endorsement member, and have a username and password
- Please go to Respond Tab, Report an incident
- Please do not retain counsel or other vendors without speaking to Beazley and obtaining consent
- Non paneled Breach Response vendors must be approved by Beazley in writing
- Cyber Extortion payments must be approved by Beazley in writing
- Alert authorities, as appropriate

**Note:** Please do not include Specific Personally Identifiable Information (PII) and/or Protected Health Information (PHI)

2) CC the incident report to Alliant Claims Department: rfrey@alliant.com and Elaine.Tizon@alliant.com





## CYBER FIRST NOTICE OF LOSS FORM

Date:		
Insured's Member Name & Co	ontact Information	
Company Name:		
Point of Contact:		
Address:		
Phone #: Email:		:
Broker/Agent's Name & Cont	act Information	
Company Name: Alliant Insurance Services - Claims Point of Contact: Bob Frey OR Elaine Tizon		
Address: 100 Pine Street, 11th Floo	or, San Francisco, CA 941	<u>  111                                 </u>
Phone #: 877-725-7695 Fax #:415-	403-1466	
Policy Period: 7/1/2021 to 7/1/2022  Insurance Carrier	Policy Number	Limits
Insurance Carrier	Policy Number	Limits
Beazley	FN2133951	\$2M Per Member Aggregate Limit of Liability
Loss Information  Date of Incident/Claim:  Description of Loss:		
Please list all attached or enclosed doc	cumentation:	none provided)
Name of Person Completing This Form		