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](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 & Contact Information

Company Name: ________________________________

Point of Contact: ________________________________

Address: ______________________________________

Phone #: ________________________________ Email: ________________________________

Broker/Agent’s Name & Contact Information

Company Name: Alliant Insurance Services - Claims  Point of Contact: Bob Frey OR Elaine Tizon

Address: 100 Pine Street, 11th Floor, San Francisco, CA 94111

Phone #: 877-725-7695  Fax #: 415-403-1466

Policy Information

Policy Period: 7/1/2021 to 7/1/2022

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Policy Number</th>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Beazley</td>
<td>FN2133951</td>
<td>$2M Per Member Aggregate Limit of Liability</td>
</tr>
</tbody>
</table>

Loss Information

Date of Incident/Claim: ______________ Location: ________________________________

Description of Loss: __________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please list all attached or enclosed documentation: □ (check if none provided) __________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of Person Completing This Form: ____________________________________________

Signature: ____________________________________________________________________