

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.

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

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SECTION 4 Support & Verification Documentation	<p><i>Attach any incident response, repair invoice or supporting documentation</i></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> <ul style="list-style-type: none"> • Business Interruption \$ • Legal Expenses? \$ • Other Expenses <ul style="list-style-type: none"> ○ Client Notification Costs \$ ○ Outside Technical Experts \$ ○ Internal Staff Overtime Cost \$ Man Hours ○ Other \$ <p>TOTAL OF ABOVE: \$</p>		
SECTION 5 Comments			
SECTION 6 Report Preparation	Report prepared by:	Telephone No:	Date:

Risk Management Authorization:

Date:

RETURN COMPLETED FORM TO THE CSD POOL AT CLAIMS@CSDPOOL.ORG

<i>This form courtesy of</i>	CONFIDENTIAL	Network Loss or Damage Claim Incident	Page 2 of 2	Last Rev	Revised By
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