

# Zurich Security And Privacy Protection Policy

## Declarations



Insurance is provided by: STEADFAST INSURANCE COMPANY  
1400 American Lane  
Schaumburg, IL 60196  
hereinafter the "Underwriter"

Policy Number:

THE LIABILITY COVERAGES, IF PURCHASED, ARE ON A CLAIMS FIRST MADE AND REPORTED BASIS AND COVER ONLY CLAIMS FIRST MADE AGAINST THE INSUREDS DURING THE POLICY PERIOD OR THE EXTENDED REPORTING PERIOD, IF EXERCISED, AND REPORTED TO THE UNDERWRITER DURING THE POLICY PERIOD OR EXTENDED REPORTING PERIOD, IF APPLICABLE, FOR WRONGFUL ACTS OCCURRING ON OR AFTER THE RETROACTIVE DATE AND BEFORE THE END OF THE POLICY PERIOD. PAYMENT UNDER THE LIABILITY COVERAGES AND NON-LIABILITY COVERAGES REDUCES THE LIMIT OF LIABILITY. DEFENSE COSTS REDUCE AND MAY EXHAUST THE APPLICABLE LIMITS OF LIABILITY AND APPLY TO THE RETENTION.

THIS POLICY INCLUDES ONLY COVERAGES INDICATED AS PURCHASED IN ITEM 7. OF THESE DECLARATIONS OR PROVIDED BY ENDORSEMENT. PLEASE REVIEW THIS POLICY CAREFULLY.

Policy Number:

Item 1. **Policyholder** and Mailing Address:

Item 2. Maximum Policy Aggregate Limit of Liability: \$

Item 3. **Policy Period:** From: To:  
12:01 a.m. at the address of the **Policyholder** set forth in ITEM 1. above.

Item 4. **Optional Extended Reporting Period:** A. Additional Premium: % of Annual Premium  
B. Additional Period: Years

Item 5. **Retroactive Date(s):** A. Security and Privacy Liability Coverage:  
B. Internet Media Liability Coverage:  
C. Privacy Breach Costs Coverage:  
12:01 a.m. at the address of the **Policyholder** set forth in ITEM 1. above.

Item 6. Notice to Underwriter:

A. Address for Notice of **Claims**, potential **Claims**, **Privacy Events**, **Security Events**, or **Cyber Extortion Threats**:

Attn: Zurich Specialties Claims  
Zurich North America  
P.O. Box 968041  
Schaumburg, IL 60196  
Facsimile: 866-255-2962  
Email: msgclms@zurichna.com

B. Address for All Other Notices:

Attn: MSG-Specialty E&O  
Zurich North America  
One Liberty Plaza – 30th floor  
New York, NY 10006  
Facsimile: (866) 773-3114  
Email: usz.sp.submissions.specialty.eo@zurichna.com

Item 7. This Policy does not include any Coverage unless specifically indicated with limits of liability shown below.

Coverage(s)		Purchased	Applicable Limits of Liability:	Applicable Retentions/ Waiting Period:
<b>A. LIABILITY COVERAGES</b>				
1.	a. Security and Privacy Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ all <b>Loss</b> each <b>Claim</b> and all <b>Claims</b> in the aggregate (Coverage A.1.a. Limit of Liability)	\$_____ each <b>Claim</b>
	b. Regulatory Proceedings Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ all <b>Loss</b> each <b>Regulatory Proceeding</b> and all <b>Regulatory Proceedings</b> in the aggregate, subject to Coverage A.1.a. Limit of Liability	\$_____ each <b>Regulatory Proceeding</b>
2.	Internet Media Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ all <b>Loss</b> each <b>Claim</b> and all <b>Claims</b> in the aggregate (Coverage A.2. Limit of Liability)	\$_____ each <b>Claim</b>
<b>B. NON-LIABILITY COVERAGES</b>				
1.	Privacy Breach Costs Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ each <b>Privacy Event</b> and all <b>Privacy Events</b> in the aggregate (Coverage B.1. Limit of Liability)	\$_____ each <b>Privacy Event</b>
2.	a. Business Income Loss and Extra Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ each <b>Security Event</b> (Coverage B.2.a. Limit of Liability)	The greater of: \$_____ each <b>Security Event</b> or _____ hours ( <b>Waiting Hours Retention</b> ) each <b>Security Event</b>
	b. Dependent Business Income Loss and Extra Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ each <b>Security Event</b> , subject to Coverage B.2.a. Limit of Liability	The greater of: \$_____ each <b>Security Event</b> or _____ hours ( <b>Waiting Hours Retention</b> ) each <b>Security Event</b>
3.	Digital Asset Replacement Expense Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ each <b>Security Event</b> (Coverage B.3. Limit of Liability)	\$_____ each <b>Security Event</b>

4.	a. Cyber Extortion Threat Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ each <b>Cyber Extortion Threat</b> (Coverage B.4.a. Limit of Liability)	\$ _____ each <b>Cyber Extortion Threat</b> (excluding reward payments)
	b. Reward Payments Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____ all <b>Reward Payments</b> each <b>Cyber Extortion Threat</b> , subject to Coverage B.4.a. Limit of Liability	NIL

Item 8. Premium: \$

Item 9. Endorsements – See Schedule of Forms and Endorsements

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