



Starr Indemnity & Liability Company

Cyber Incident Report For SPELL-JIF Members

Name of Insured:			
Address:			
City:	State:	Zip:	Telephone:
Policy Number: 1000600296181		Policy Period: <u>07/01/18</u> to <u>07/01/19</u>	
Insured Contact Person:		Contact Person's Phone Number:	
Contact Person's Email:			

1. Please provide the facts and circumstances surrounding this potential or actual incident. Including scope of impact, nature of any disclosure, relevant dates and people involved.

2. What private information may have been compromised (names, addresses, email addresses, credit card #s, social security numbers, etc.)

3. Have you received any written information from a third party and or lawyer alleging some wrongdoing on your behalf? If so, please include it with your notice.

4. Do you have access to all your computer systems/data or has a third party denied you access to some or all of your computer systems/data?



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5. Have you retained the services of any law firm, cyber security expert or public relations firm relating to a potential Network Security Failure or Privacy Incident?

6. Has your operations been disrupted or interrupted as a result of a Network Security Failure or Network Systems Failure. If so, how long was the interruption to operations?

Name (Please Print)

Title

Signature

Date