



PHILADELPHIA INSURANCE COMPANY

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
 610.617.7900 Fax: 610.617.7940

CYBER SECURITY LIABILITY INSURANCE DECLARATIONS

Policy Number: _____

NOTICE: COVERAGES E., F., AND G. ARE CLAIMS MADE AND REPORTED COVERAGES – PLEASE READ THE ENTIRE POLICY CAREFULLY.

ITEM 1: POLICY PERIOD

Policy Period: From: _____ To: _____
 (12:01 A.M. standard time at the address of the **Named Insured**)

ITEM 2: INSURED DETAILS

Name of Insured: _____

Address: _____

ITEM 3: PREMIUM DETAILS

Policy Premium: \$ _____

ITEM 4: COVERAGE LIMITS

INSURING AGREEMENTS	PER LOSS OR CLAIM LIMIT OF LIABILITY
A. Loss of Digital Assets	\$
B. Non-Physical Business Interruption and Extra Expense	\$
C. Cyber Extortion Threat	\$
D. Security Event Costs	\$
E. Network Security and Privacy Liability Coverage	\$
F. Employee Privacy Liability Coverage	\$
G. Electronic Media Liability Coverage	\$
H. Cyber Terrorism Coverage	\$
POLICY AGGREGATE LIMIT OF INSURANCE:	\$
Special Expenses Aggregate Limit	\$

The following are sub-limits of the Special Expenses Aggregate Limit:

Customer Notification Expenses Aggregate Sublimit	\$
Public Relations Expenses Aggregate Sublimit	\$

ITEM 5: DEDUCTIBLES, COINSURANCE AND TIME RETENTION

I. Deductibles (applicable only to the following)

INSURING AGREEMENTS	DEDUCTIBLE
A. Loss of Digital Assets	\$ Each Loss
C. Cyber Extortion Threat	\$ Each Loss
D. Security Event Costs	\$ Each Loss
E. Network Security and Privacy Liability Coverage	\$ Each Loss
F. Employee Privacy Liability Coverage	\$ Each Loss
G. Electronic Media Liability Coverage	\$ Each Loss
H. Cyber Terrorism Coverage	\$ Each Loss

II. Coinsurance Percentage (applicable only to the following)

INSURING AGREEMENTS / COVERAGE	COINSURANCE %
B. Non-Physical Business Interruption and Extra Expense	% Coinsurance
Special Expenses	% Coinsurance

III. Time Retention (applicable only to the following)

INSURING AGREEMENT	TIME RETENTION
B. Non-Physical Business Interruption and Extra Expense	Hours
H. Cyber Terrorism	Hours

ITEM 6: CLAIMS MADE DATES

INSURING AGREEMENTS	CONTINUITY DATE	RETROACTIVE DATE	PRIOR AND PENDING LITIGATION DATE
E. Network Security and Privacy Liability Coverage			
F. Employee Privacy Liability Coverage			
G. Electronic Media Liability Coverage			

ITEM 7: PHILADELPHIA INSURANCE COMPANY CLAIMS CONTACT

Claims Department
Philadelphia Insurance Companies
P.O. Box 950
Bala Cynwyd, PA 19004

Claimsreport@phlyins.com

Fax: 1-800-685-9238
Phone: 1-800-765-9749

ITEM 8: POLICY FORM AND ENDORSEMENTS

Policy Form: _____

Endorsements: _____

ITEM 9: SUPPLEMENTAL EXTENDED REPORTING PERIOD DETAILS

Additional Premium for Supplemental Extended Reporting Period:

_____ % of the Annual Premium for a _____ Month Period.

In witness whereof, the Insurer issuing this Policy has caused this Policy to be signed by its authorized officers, but it shall not be valid unless also signed by the duly authorized representative of the Insurer.

President

Authorized Representative

Signature Date