

CYBER SUITE DECLARATIONS

Company Name
Address

Policy Number:
Account Number:
Named Insured:

Agent #:

Cyber Coverage Effective
Date:

CYBER SUITE

Annual Aggregate Limit:	\$
Deductible Per Occurrence:	\$
DATA COMPROMISE RESPONSE EXPENSES	Included
Sublimits Per Occurrence:	
Public Relations	\$10,000
Reputational Harm	\$
COMPUTER ATTACK	Included
Sublimit Per Occurrence:	
Public Relations	\$10,000
Sublimited Coverages Per Occurrence:	
Cyber Extortion	\$
Misdirected Payment Fraud	\$
Computer Fraud	\$
Telecommunications Fraud	\$
REWARD PAYMENTS	Included
Sublimit Per Policy Period:	\$25,000
PRIVACY INCIDENT LIABILITY	Included
Privacy Incident Defense	
Privacy Incident Liability	
NETWORK SECURITY LIABILITY	Included
Network Security Defense	
Network Security Liability	
ELECTRONIC MEDIA LIABILITY	Included
Electronic Media Defense	
Electronic Media Liability	

IDENTITY RECOVERY

Annual Aggregate Limit Per "Identity Recovery Insured":	\$25,000
Deductible Per Occurrence:	None

Cyber Suite Supplemental Declarations, continued

Sublimits Per Occurrence:

Lost Wages and Child and Elder Care Expenses	\$5,000
Mental Health Counseling	\$1,000
Miscellaneous Unnamed Costs	\$1,000