

Cyber Liability Report

Named Insured: _____

Insured Contact Person: _____

Phone: _____ Email: _____

Date you became aware of potential claim: _____

Description/Explanation of Accusation (please attach any documentation received and/or kept internally):

Name of Claimant(s)/Plaintiff(s): _____

Date of Allegation: _____

Witness' Name: _____

Plaintiff Attorney Name (if applicable): _____

Plaintiff Attorney Contact Information (if applicable): _____

IT Contact Name/Info: _____

Have you contacted a forensic firm? Yes No

If yes, please provide their name and contact information: _____

Was personal data compromised? Yes No

If yes, please explain: _____

Any other pertinent information: _____

