

## LOSS NOTIFICATION REQUIREMENT

Claim notifications need to be sent to Donna Peterson. Please include item I contact in addition to Alliant Insurance Services contacts.

- I. Cyber Liability Carrier Beazley NY needs to also be provided with Notice of Claim immediately (if purchased):

Address: Beazley Group  
Attn: Cyber & Tech Claims Group  
45 Rockefeller Plaza, 16<sup>th</sup> Floor  
New York, NY. 10111  
24 Hour Hotline (866) 567-8570  
Email: [cyber&techclaims@beazley.com](mailto:cyber&techclaims@beazley.com)

Address: Howden Insurance Brokers Limited  
One Creechurch PI  
London, EC3A 5AF, United Kingdom  
Email: [FLnewclaims@howdengroup.com](mailto:FLnewclaims@howdengroup.com)

Address: Donna Peterson, E-mail: [Donna.Peterson@alliant.com](mailto:Donna.Peterson@alliant.com)  
560 Mission Street, 6<sup>th</sup> Floor  
San Francisco, CA 94105  
Voice: (714) 587-0244 Fax: (415) 403-1466

In addition, feel free to contact ACWA JPIA Claims department for assistance in filing a claim with the appropriate parties. Coverage may be limited or denied if the correct parties are not notified immediately.

ACWA JPIA Claims contact: call (800) 231-5742 or fax (916) 786-0209 or email: [claims@acwajpia.com](mailto:claims@acwajpia.com)

**IN THE EVENT OF A  
CYBER LOSS:**

- 1) *Follow your organizations procedures for reporting and responding to an incident*
- 2) *Alert authorities, as appropriate*
- 3) *Report the incident to Beazley Group immediately at:*

**[cyber&techclaims@beazley.com](mailto:cyber&techclaims@beazley.com)**

**All Cyber losses must be reported as soon as practicable upon knowledge by the insured that a loss has occurred.**

Be prepared to give basic information about the location and nature of the incident, as well as steps which have been taken in response to the incident.

- 4) *Report the incident to Howden Insurance Brokers Limited, Alliant Claims Department and your Alliant representative: ACWA JPIA.*

**CYBER FIRST NOTICE OF LOSS FORM**

**SEND TO: Beazley Group**  
**BY MAIL: 45 Rockefeller Plaza, 16<sup>th</sup> Floor New York, NY 10111**  
**TOLL FREE HOTLINE: (866) 567-8570**  
**BY EMAIL: [cyber&techclaims@beazley.com](mailto:cyber&techclaims@beazley.com)**  
**AND**  
**SEND TO: Howden Insurance Brokers Limited**  
**BY MAIL: One Creechurch Place, London, EC3A 5AF, United Kingdom**  
**BY EMAIL: [FLnewclaims@howdengroup.com](mailto:FLnewclaims@howdengroup.com)**  
**CC Alliant Claims Department:**  
**[Donna.Peterson@alliant.com](mailto:Donna.Peterson@alliant.com) and your Alliant representative: [claims@acwajpia.com](mailto:claims@acwajpia.com)**

Today's Date: \_\_\_\_\_

**Insured's Name & Contact Information**

Insured's Name: \_\_\_\_\_ Point of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Broker/Agent's Name & Contact Information**

Company Name: Alliant Insurance Services – Claims Point of Contact: Donna Peterson

Address: 560 Mission Street, 6<sup>th</sup> Floor, San Francisco, CA 94105

Phone #: 877-725-7695 Fax #:415-403-1466

**Policy Information**

Policy Number: \_\_\_\_\_ Policy Period: \_\_\_\_\_

Limits of Liability: \_\_\_\_\_ per \_\_\_\_\_ agg Self-Insured Retention/Deductible \_\_\_\_\_

**Loss Information**

Date of Incident/Claim: \_\_\_\_\_ Location: \_\_\_\_\_

Description of Loss: \_\_\_\_\_

\_\_\_\_\_

Please list all attached or enclosed documentation:  (check if none provided) \_\_\_\_\_

\_\_\_\_\_

Name of Person Completing This Form: \_\_\_\_\_

Signature: \_\_\_\_\_