

NOTICE OF LOSS

HSB COVERAGE TYPE

Data Compromise

LOSS SUBMITTED BY	
CARRIER Intergovernmental Risk Mgmt	CURRENT DATE 2/4/2020
ADJUSTER/EXAMINER:	CLAIM NUMBER
TELEPHONE NUMBER 7082366341	CELLULAR NUMBER
ADJUSTER FAX #: 7082366342	DATE LOSS REPORTED TO CARRIER 02/04/2020
MAILING ADDRESS 4 Westbrook Corporate Center	
CENTRAL EMAIL ADDRESS	ADJUSTER /EXAMINER EMAIL ADDRESS susang@irmarisk.org
INDEPENDENT ADJUSTER/TPA	TELEPHONE NUMBER
	EMAIL ADDRESS

LOSS INFORMATION	
INSURED	DATE OF LOSS/ DISCOVERY
MAILING ADDRESS:	EMAIL ADDRESS
LOCATION OF LOSS	AFFECTED INDIVIDUAL / CLAIMANT
INSURED CONTACT NAME	INSURED TELEPHONE NUMBER
	CELLULAR NUMBER
LOSS / CLAIM ESTIMATE	
DESCRIPTION OF OCCURRENCE / ALLEGATION	

POLICY INFORMATION			
POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	DEDUCTIBLE \$
HSB REINSURED FORM NUMBER AND EDITION 1004705	POLICY FORM NUMBER AND EDITION	LIMIT	
PROGRAM NAME	WRITING COMPANY / DIVISION	THIRD PARTY COVERAGE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please include the policy and form declarations, Accord, Invoices, EEOC / Attorney letters, suit papers and other documentation that constitutes the claim.

* The fields below are required for EPL, MPL and E&O Coverage.

INCEPTION DATE	COVERAGE IN FORCE <input type="checkbox"/> Yes <input type="checkbox"/> No	EXTENDED REPORTING <input type="checkbox"/> Yes <input type="checkbox"/> No
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COMMENTS

6899-SPL REV 2/14