



IRONSHORE SPECIALTY INSURANCE COMPANY

75 Federal St
 Boston, MA 02110
 Toll Free: (877) IRON411

ENTERPRISE PRIVAPROTECTOR 9.0®
Network Security and Privacy Insurance Policy
DECLARATIONS

(Please read your Policy carefully. Certain provisions restrict coverage.)

This is a **Claims** made and reported Policy. Portions of this Policy apply only to **Claims** first made against the **Insured** and reported to the **Insurer** during the **Policy Period** or, as appropriate, to the applicable **Extended Reporting Period**. **Claim Expenses** are part of and not in addition to the Limits of Liability. The payment of **Claim Expenses** shall reduce the Limit of Liability available to pay **Loss**. The Policy does not cover **Claims** arising out of **Wrongful Acts** or **Privacy Incidents** that occur prior to the **Retroactive Date** of the Policy or after the Expiration Date of the Policy. Coverage is subject to all terms and conditions of the Policy.

This Policy includes only coverage indicated as purchased in Item 4. of the Declarations.

Policy Number:

Renewal of Policy Number:

Item 1.	Named Insured:			
Item 2.	Policy Period:	Effective:	Expiration:	
		12:01 a.m. standard time at the address of the Named Insured a shown above		
Item 3.	Policy Aggregate Limit of Liability \$			
	(All Coverages Purchased):			
Item 4.	Applicable Coverages, Limits and Retentions	This Policy does not include any Coverage unless specifically indicated as Purchased with Applicable Limit of Liability shown below:		
	Coverage(s):	Purchased:	Applicable Limit of Liability:	Applicable Retentions/Waiting Period:
A.	Network Security Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all Loss each Claim and all Claims in the aggregate	\$_____ each Claim
B.	Privacy Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all Loss each Claim and all Claims in the aggregate	\$_____ each Claim
C.	Privacy Breach Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all Privacy Incidents in the aggregate	\$_____ each Privacy Incident in the aggregate
		<input type="checkbox"/> Yes <input type="checkbox"/> No	Privacy Breach Expenses are part of and not in addition to the Policy Aggregate Limit of Liability	
D.	Regulatory Fines and Proceeding Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all Loss each Regulatory Fine and Proceeding and all Regulatory Fines and Proceedings in the aggregate	\$_____ each Regulatory Fine and Proceeding

E.	Internet Media Liability Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all Loss each Claim and all Claims in the aggregate	\$_____ each Claim
F.	Digital Asset Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ each Security Incident and all Security Incidents in the aggregate	\$_____ each Security Incident
G.	Business Interruption Income Loss, Dependent Business Interruption Income Loss and Extra Expenses Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ each Security Incident and all Security Incidents in the aggregate	The greater of \$_____ Or _____ hours (the Waiting Period) each Security Incident
H.	Network and Data Extortion Threat Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ each Network Extortion Incident	\$_____ each Network Extortion Incident (excluding reward payments)
	Reward Payments Coverage	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$_____ all reward payments each Network Extortion Incident (subject to Network and Data Extortion Threat Coverage Limit of Liability)	None
Item 5.	Retroactive Date(s):	A. Network Security Liability Coverage: B. Privacy Liability Coverage: E. Internet Media Liability Coverage:		_____ _____ _____
Item 6.	Extended Reporting Period:	12 Months at 100% of the Annual Premium		
Item 7.	Premium:	\$		
	State Surcharge/Tax:	\$	%	
	Total Amount Due:	\$		
Item 8.	Forms & Endorsements:			
Item 9.	Broker:			
	License:			

These Declarations, the completed and signed **Application** and the Policy with Endorsements will constitute the contract between the **Insured** and the **Insurer**.

Date

Authorized Representative