



## CYBER CLAIM

Please complete and send it to us by one of the following options.

### Email

claiminfo@colonialsurety.com

### Fax

866-449-8004

### Mail

Colonial Surety Company  
123 Tice Blvd, Suite 250  
Woodcliff Lake, NJ, 07677

## CLAIM INFORMATION

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Policy Number

Are you reporting an actual or suspected privacy breach incident?

Actual

Suspected

What type of personal or confidential information is potentially implicated by the breach?

Retirement or benefit plan information

Social security, drivers license, or passport numbers

Personal information, e.g., date of birth, mother's maiden name

Banking information, e.g., account or credit/debit card numbers

Healthcare, education or employment records

Confidential business information, e.g., sales plans, financial data, customer data

Login or email information, e.g., addresses, usernames, passwords, security questions/answers

Other

Please describe the nature of the breach incident?

Date Incident Occurred

Date Incident was Discovered by Organization

City Where Incident Occurred

State Where Incident Occurred

Was the electronic device encrypted?

Yes

No

I Don't Know

How many individuals do you suspect are affected?

## **POLICYHOLDER INFORMATION**

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Insured Name

Street Address

Street Address (Optional)

City

State

ZIP Code

## **CONTACT INFORMATION**

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Contact Name

Contact Phone Number

Contact Email

Contact Fax (Optional)

Signature

Date