PERSONAL CYBERPLUS® COVERAGE NOTICE

This notice contains a brief synopsis of the significant broadenings, restrictions and clarifications of coverage that were made to your policy and endorsements. It does not reference editorial changes that were made for clarity and readability if there was no change in coverage intent.

You should read your policy and its endorsements carefully. If there is any conflict between the policy terms and this notice, **THE PROVISIONS OF THE POLICY SHALL PREVAIL.**

Payment of your premium means acceptance of the new terms of the policy.

PLEASE READ YOUR POLICY CAREFULLY

To Policyholders:

With this renewal of your policy, the **Personal CyberPlus® Coverage Part** (**CBP 8300** or **CBP 8300 SD**) has been added to your homeowners policy to provide the following coverages.

1. Identity Theft – Expenses incurred because of identity theft, including lost wages, daycare or eldercare costs, and travel expenses incurred in seeking resolution and identity restoration.
2. Data Recovery & System Restoration – Data recovery expenses and system restoration costs incurred as a result of a cyber attack.
3. Credit Card Fraud & Forgery – Financial loss and expenses incurred due to credit fraud, forgery or cyber crime, including the use of stolen personal information to initiate a fraudulent wire transfer.
4. Cyber Crime – Financial loss and expenses incurred due to cyber crime, including the use of stolen personal information to initiate a fraudulent wire transfer.
5. Cryptocurrency Crime – Loss of Cryptocurrency which is fraudulently taken from the insured.
6. Cyber Extortion – Ransom monies and associated costs and expenses incurred due to a cyber extortion threat, including ransomware.
7. Cyber Bullying – Expenses incurred as a victim of cyber bullying, including the cost to seek counseling, childcare or caregiver expenses, temporary relocation, and lost wages.
8. Breach Notification – Breach notification and credit monitoring costs incurred when the personal data of others is stolen, lost or exposed while entrusted to the policyholder.

If you do not want Personal CyberPlus® Coverage added to your policy please complete the Rejection of Personal CyberPlus® Coverage, below, and return this form to your agent or the company, as we want you to be satisfied with the coverage provided by your policy.

REJECTION OF PERSONAL CYBERPLUS® COVERAGE

I (We) do not desire Personal CyberPlus® Coverage and hereby waive any right to such coverage, under this policy or any future policy unless I (we) request such coverage, in writing, at some future date.

I have read and understood this agreement.

Date	Named Insured's Signature	Named Insured's Signature
Policy Number	Named Insured's Printed Name	Named Insured's Printed Name