

HOUSTON CASUALTY COMPANY

("the Insurer")

Houston, Texas

THE LIABILITY INSURING AGREEMENTS OF THIS POLICY ARE CLAIMS-MADE; THEY ONLY APPLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD (OR DISCOVERY PERIOD, IF PURCHASED). OTHER INSURING AGREEMENTS ONLY APPLY TO CYBER EVENTS FIRST OCCURRING DURING THE POLICY PERIOD. ANY LIMIT OF LIABILITY AVAILABLE TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED, AND MAY BE EXHAUSTED, BY THE PAYMENT OF DEFENSE COSTS. DEFENSE COSTS ALSO WILL BE APPLIED AGAINST THE RETENTION. THE INSURER HAS NO DUTY UNDER THIS POLICY TO DEFEND ANY INSURED.

NetPAS

CYBER INSURANCE POLICY

DECLARATIONS

POLICY NUMBER: RENEWAL OF:

ITEM 1. **NAMED CORPORATION:**

Principal Address:

ITEM 2. **POLICY PERIOD**

(a) Inception Date:

(b) Expiration Date:

at 12:01 a.m. at the Principal Address stated in Item 1.

ITEM 3. **INSURING AGREEMENTS PURCHASED, LIMITS OF LIABILITY AND RETENTIONS**

(a) Coverage under an INSURING AGREEMENT will be excluded unless purchased and "Yes" appears before such INSURING AGREEMENT below.

Purchased? (Yes/No)	INSURING AGREEMENT:	Sublimit (if applicable):	Retention:	Retroactive Date (if applicable):
	(A) NETWORK SECURITY LIABILITY	\$	\$ each Claim	
	(B) PRIVACY EVENT LIABILITY	\$	\$ each Claim	
	(C) DATA BREACH EXPENSES	\$	\$ each Data Breach	
	(D) NETWORK EXTORTION EXPENSES	\$	\$ each Network Threat	

(b) Regulatory Sublimit: \$

(c) Policy Limit of Liability: \$ in the aggregate for all **Loss** (including **Defense Costs**) under all INSURING AGREEMENTS combined

ITEM 4. **PREMIUM:** \$

ITEM 5. **NOTICES TO THE INSURER REQUIRED UNDER CONDITION (B) MUST BE SENT TO ONE OF THE FOLLOWING:**

Street Address:	Facsimile Number:	E-mail Address:
Tokio Marine HCC – D&O Group 8 Forest Park Drive Farmington, CT 06032 Attention: Claims Manager	(860) 676-1737 Attention: Claims Manager	usclaims@hccglobal.com Attention: Claims Manager

ITEM 6. DISCOVERY PERIOD

- (a) Discovery Period Premium: % of the annual premium
- (b) Discovery Period Duration: year(s)

ITEM 7. ENDORSEMENTS ATTACHED AT ISSUANCE:

IN WITNESS WHEREOF, the Insurer has caused this Policy to be signed on this Declarations Page by its President, a Secretary and a duly authorized representative of the Insurer.

The image shows two handwritten signatures in black ink. The signature on the left is cursive and appears to read "Alessandra J. ...". The signature on the right is also cursive and appears to read "Michael J. Bell". Both signatures are positioned above a horizontal line that spans the width of the signature area.

Secretary

President

Authorized Representative

Date: