



NetGuard® SELECT
Entertainment Program

from Tokio Marine HCC - Cyber & Professional Lines Group

In this era of internet-connected devices, technology has made our lives easier, but we have also become more vulnerable to cyberattacks and fraud. With a NetGuard® SELECT policy, you can feel protected.

NetGuard® SELECT provides coverage for a wide range of cyber threats, including:

Breach Event Costs and Security and Privacy Liability

If you have access to the private information of others because you serve on the board of a non-profit or volunteer to coach your child's sport team, you may face unexpected financial losses if that private information is lost, stolen or exposed while in your possession. With NetGuard® SELECT, you have **breach event costs** coverage, which pays for your costs to notify affected individuals and give them breach support, such as credit monitoring, when private information you are holding or using is lost, stolen or exposed. NetGuard® SELECT also protects you with **security and privacy liability** coverage, in case you need a defense against claims made against you by those affected individuals. **Security and privacy** liability coverage also covers settlements and judgments awarded against you in privacy and security claims.

Identity Theft Expenses

Your personal identity can be stolen and used by hackers to open new lines of credit or commit health insurance fraud. If you become a victim of identity theft, NetGuard® SELECT will cover your **identity theft expenses**, including the costs to request your credit report and enroll in credit monitoring. We also cover your legal expenses if you hire an attorney to help you restore your identity and credit.

In addition, our partner, IDX, will provide you with the care and assistance you need if/when your identity is stolen. Once you become a policyholder, you will have access to all of the identity theft tools and resources that IDX has to offer. Log onto www.idx.us/tmhcc to activate your services.

Data Recovery Costs

If data stored on a computer or smart device in your home is damaged or stolen due to a system failure, NetGuard® SELECT will cover your costs to replace, recreate or restore that data.

Cyber Extortion and Cyber Crime

Ransomware and cyber crime attacks are on the rise. If you or a member of your household clicks on the wrong link, inadvertently navigates infected web pages, or is tricked into opening infected files by malicious text messages or emails, you may become the victim of ransomware. Ransomware is a type of **cyber extortion event** where a hacker locks up your system or files and demands a ransom payment to regain access. If this happens to you, NetGuard® SELECT will cover the ransom amount and the cost of hiring an IT expert to help you through the crisis. Criminals can also steal your money through a variety of cyber crime schemes, such as stealing your passwords or personal credentials to take money directly from your bank account or to submit fraudulent wire transfer requests to your bank. You can also become a victim of phishing scams, where criminals use malicious emails, text messages or telephone calls to trick you into sharing your passwords or sending money. If you lose money due to any of these scams and you are not able to recover it from your credit card company or bank, NetGuard® SELECT will cover the loss.

Cyber Bullying

If you or a member of your household is a victim of cyber bullying, NetGuard® SELECT will cover your therapy fees, childcare or caregiver expenses, temporary relocation expenses, and the cost of hiring an IT expert to remove humiliating or harmful online content. If the victim of cyber bullying is a minor who is unable to attend school, NetGuard® SELECT also covers temporary private tutoring expenses, unreimbursed tuition or the increase in tuition to relocate the minor to another school.

Limits up to \$1,000,000

Premiums start at \$6,000

Contact your Tokio Marine HCC -
Cyber & Professional Lines Group
Underwriter to learn more.

Kareen Boyadjian, Vice President,
Underwriter – Product Leader
Tel: 818.517.4708
kboyadjian@tmhcc.com

Contact our Cyber Claims Team
24/7 if you think a cyber event has
occurred.

Email us at
CyberClaims@tmhcc.com
or call 888.627.8995

This communication provides a general product summary and should not be construed as a guarantee of coverage. Any claim scenarios described in this communication are hypothetical and used solely for the purpose of illustrating how the insurance is intended to apply to certain situations. Whether, or to what extent, the insurance applies to a particular claim or loss depends on the circumstances of the claim or loss and the terms and conditions of the policy, as issued.

NetGuard® SELECT Insurance Entertainment Program

Tokio Marine HCC - Cyber & Professional Lines Group ("TMHCC – CPLG") now offers NetGuard® SELECT, a new and state of the art personal cyber insurance solution, to individuals in the entertainment industry. Qualified applicants can submit a completed Program Application and receive a quote, if approved.

PROGRAM HIGHLIGHTS

- Full unknown prior acts coverage is available for Security and Privacy Liability Coverage
- Financial Fraud Coverage under Cyber Crime Coverage applies to 1) money or securities held by you in personal financial or banking accounts, including trusts, investment accounts and personal LLC accounts and 2) your cryptocurrency wallet
- Security and Privacy Liability Coverage and Cyber Extortion Coverage extends to systems operated by outsourced IT providers
- Worldwide coverage, where permissible
- Data Recovery Coverage applies to system failures resulting from hacking attacks (including cyber terrorism), administrative errors or programming errors
- Proactive identity protection and fraud remediation services

Please note: coverage does not extend to any of the Applicant's business ventures or business accounts.

PROGRAM QUALIFICATIONS

- Applicant **must** be in the entertainment industry; and
- Applicant **must not** have experienced any privacy or security claims/incidents in the past 5 years.

The terms and conditions outlined in this program packet are intended strictly for informational purposes and should in no way be construed as an agreement to bind coverage. All submissions must be reviewed and quoted by the Company in order to bind terms. Coverage will not be bound under the terms and conditions of this program for any Applicant who does not fall within the program qualifications; however, the Applicant may be considered for coverage outside of the program.

POLICY & ENDORSEMENT LINKS

The Policy is underwritten by TMHCC – CPLG on our Houston Casualty Company on NetGuard® Select Insurance Policy [NGS 1000 \(1.2020\)](#) and endorsed with:

- Service of Suit – [NGS 1034 \(1.2020\)](#)
- Policyholder Disclosure Notice of Terrorism Insurance Coverage – [NGS 1035 \(1.2020\)](#)
- Nuclear Incident Exclusion – [NGS 1036 \(5.2020\)](#)
- Cryptocurrency Sublimit – [NGS 1037 \(11.2021\)](#)
- War and Cyber Operation Exclusion – [NGS 1039 \(1.2024\)](#)
- Operating System Event Exclusion – [NGS 1040 \(4.2024\)](#)
- Widespread Event Exclusion – [NGS 1043 \(10.2024\)](#)

LIMITS
(valid through 12/31/2025)*

The Limits shown below are subject to, and excess of, an “each Claim” Deductible.

\$100,000 Limit

A. Security and Privacy Liability Coverage	\$100,000 each Claim/aggregate
B. Breach Event Costs Coverage	\$100,000 each Claim/aggregate
C. Data Recovery Coverage	\$100,000 each Claim/aggregate
D. Cyber Extortion Coverage	\$100,000 each Claim/aggregate
E. Cyber Crime Coverage	\$100,000 each Claim/aggregate
F. Identity Theft Expenses Coverage	\$100,000 each Claim/aggregate
G. Cyber Bullying Coverage	\$ 50,000 each Claim/aggregate
Maximum Policy Aggregate Limit:	\$100,000

\$250,000 Limit

A. Security and Privacy Liability Coverage	\$250,000 each Claim/aggregate
B. Breach Event Costs Coverage	\$100,000 each Claim/aggregate
C. Data Recovery Coverage	\$100,000 each Claim/aggregate
D. Cyber Extortion Coverage	\$250,000 each Claim/aggregate
E. Cyber Crime Coverage	\$250,000 each Claim/aggregate
F. Identity Theft Expenses Coverage	\$250,000 each Claim/aggregate
G. Cyber Bullying Coverage	\$ 50,000 each Claim/aggregate
Maximum Policy Aggregate Limit:	\$250,000

\$500,000 Limit

A. Security and Privacy Liability Coverage	\$500,000 each Claim/aggregate
B. Breach Event Costs Coverage	\$100,000 each Claim/aggregate
C. Data Recovery Coverage	\$100,000 each Claim/aggregate
D. Cyber Extortion Coverage	\$500,000 each Claim/aggregate
E. Cyber Crime Coverage	\$500,000 each Claim/aggregate
F. Identity Theft Expenses Coverage	\$500,000 each Claim/aggregate
G. Cyber Bullying Coverage	\$ 50,000 each Claim/aggregate
Maximum Policy Aggregate Limit:	\$500,000

\$1,000,000 Limit

A. Security and Privacy Liability Coverage	\$1,000,000 each Claim/aggregate
B. Breach Event Costs Coverage	\$ 100,000 each Claim/aggregate
C. Data Recovery Coverage	\$ 100,000 each Claim/aggregate
D. Cyber Extortion Coverage	\$1,000,000 each Claim/aggregate
E. Cyber Crime Coverage	\$1,000,000 each Claim/aggregate
F. Identity Theft Expenses Coverage	\$1,000,000 each Claim/aggregate
G. Cyber Bullying Coverage	\$ 100,000 each Claim/aggregate
Maximum Policy Aggregate Limit:	\$1,000,000

RATES
(valid through 12/31/2025)*

Limit	Deductible (Each Claim)	Annual Premium	Security and Privacy Liability Coverage Retroactive Date
\$100,000	\$25,000	\$6,000	None. Full Unknown Prior Acts Coverage
\$250,000	\$25,000	\$7,000	None. Full Unknown Prior Acts Coverage
\$500,000	\$25,000	\$8,500	None. Full Unknown Prior Acts Coverage
\$1,000,000	\$25,000	\$10,000	None. Full Unknown Prior Acts Coverage

**TMHCC-CPLG reserves the right to change the rates and/or limit options prior to the expiration date.*

HOW TO PURCHASE THIS INSURANCE

1. Fully complete the enclosed NetGuard® Select Insurance Entertainment Program Application, including the attached Surplus Lines form (if non-CA risk) or D1 Disclosure Notice (if CA risk).
2. Submit the completed Application to TMHCC – CPLG for review.
3. If approved, TMHCC – CPLG will release a quote to the broker.
4. The broker must remit a formal bind order to TMHCC – CPLG, along with any outstanding subjectivities and premium payment, plus state taxes, policy issuance fee and any applicable broker fee.

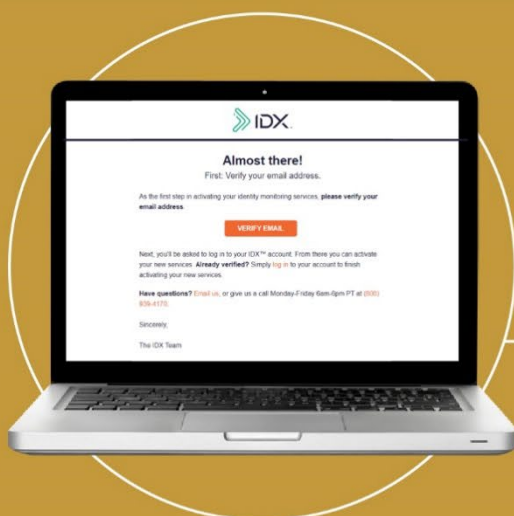
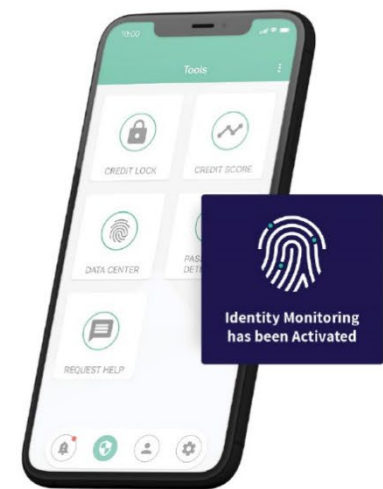
Complete Identity and Privacy Protection

As a NetGuard® SELECT policyholder, you have access to industry-leading identity and privacy protection services to fight evolving cyber risks.



Tokio Marine HCC – Cyber & Professional Lines Group has partnered with IDX to provide a comprehensive suite of protection and prevention services accessible on your home computer and mobile phone including:

- Tri-Bureau Credit Monitoring
- DarkWeb CyberScan™ Monitoring
- TransUnion® Alerts for financial fraud
- VantageScore® 3.0 Credit Score Monitoring
- SocialSentry™ Social Media Privacy and Fraud Protection
- Credit Lock by TransUnion®
- Lost Wallet Coverage
- Password Detective to verify credential compromise
- Unlimited Member Support and Expert Recovery in Identity Protection
- Advanced Tracking Blocker
- SafeWi-Fi with Encrypted VPN
- Personal Privacy Score



Once you become a policyholder, simply log onto www.idx.us/tmhcc and follow the steps below to activate these services:

1. Click "Activate Your Protection"
2. Enter your email address and password to create your account
3. Check your inbox for a confirmation email
4. Click "verify email" button
5. Log in & agree to terms of service
6. Set up your account

Contact our Cyber Claims Team 24/7 if you think a cyber event has occurred.
Email us at CyberClaims@tmhcc.com or call 888.627.8995



NetGuard® SELECT Insurance Entertainment Program Application

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY. THIS APPLICATION IS NOT A BINDER.

This application for NetGuard® SELECT Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this application will enable the Underwriter to decide whether or not to authorize the binding of insurance. Please type or print clearly and answer all questions. If space is insufficient to answer any question fully, attach a separate sheet. Complete all required supplemental forms/applications.

1. GENERAL INFORMATION

Name of Applicant

Street Address

City, State, Zip Code

Phone Number

Email Address

Proposed Effective Date:

2. DECLARATION OF NO KNOWN CLAIMS OR POTENTIAL CLAIMS

As a condition of the Insurer's agreement to authorize the binding of insurance, the undersigned declares that:

- a. within the last five (5) years, no person proposed for this coverage has received any claim, suit or complaint, or experienced any loss resulting from a privacy breach, security breach, identity theft, denial of service attack, cyber extortion threat, computer virus infection (including malware or ransomware), phishing attack, cyber bullying or damage to third party networks;
- b. no person proposed for this coverage has knowledge of any privacy breach, security breach, identity theft, denial of service attack, cyber extortion threat, computer virus infection (including malware or ransomware), phishing attack, cyber bullying or damage to third party networks which may give rise to a claim or loss; and
- c. within the last five (5) years, no person proposed for this coverage has experienced a financial loss resulting from wire transfer fraud, credit card fraud, forgery, theft of money from a bank account by electronic means, or theft of cryptocurrency as a result of a security breach or computer virus infection.

☐ Check this box if all of the statements in Section 2.a. through Section 2.c. above are true.

If any statement in Section 2.a. through Section 2.c above is not true, please provide full claim or loss details (use additional sheets if necessary):

NOTICE TO APPLICANT

The insurance for which you are applying will not respond to incidents about which any person proposed for coverage had knowledge prior to the effective date of the policy, nor will coverage apply to any claim or circumstance identified, or that should have been identified, in Section 2.a. through Section 2.c of this application.

NOTICE TO NEW YORK APPLICANTS: ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

The Applicant hereby acknowledges that he/she/it is aware that the limit of liability shall be reduced, and may be completely exhausted, by defense costs and, in such event, the Insurer shall not be liable for defense costs or any other amounts, including judgments and settlements, that exceed the limit of liability.

I HEREBY DECLARE that, after inquiry, the above statements and particulars are true and I have not suppressed or misstated any material fact, and that I agree that this Application shall be the basis of the contract with the Insurer.

PAYMENT INSTRUCTIONS

Premium: \$ _____
Taxes & Fees (if applicable): \$ _____ (exact amount will be confirmed at binding)
Policy Issuance Fee*: \$ _____ (non-refundable and fully earned)
Broker fee: \$ _____
TOTAL PAYMENT \$ _____

*Policy Issuance Fee may vary by state, with \$50 being the maximum. The Underwriters will confirm the policy issuance fee at the time of binding.

If this risk is subject to surplus lines tax, the broker must arrange for the filing of the affidavit and payment of the applicable state tax/fees in addition to the premium.

- Policy fee is fully earned.
- No Flat Cancellations.

CERTIFICATION AND SIGNATURE

The Applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this application is complete and correct to the best of the Applicant's knowledge and belief, and that all particulars, which may have a bearing upon acceptability as a NetGuard® SELECT Insurance risk have been revealed.

It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage, and should the Applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the Applicant becomes aware of any information which would change the answers furnished in response to any question of this Application, such information shall be revealed immediately in writing to the Underwriter.

This Application shall be deemed attached to and form a part of the Policy should coverage be bound.

Print or Type Applicant's Name

Signature of Applicant

Date Signed by Applicant

California Fraud Warning

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.



Surplus Lines Filing Confirmation

Named Insured: _____

Policy Number: _____

Effective Date: _____

Agency: _____

This policy is being written on a surplus lines basis, in a state where we are approved but not admitted. As the surplus lines broker, you are responsible for handling the filing of the applicable surplus lines affidavits and the payments of all applicable surplus lines taxes and/or stamping/policy fees on behalf of the Insured.

Please complete the Declaration below and return to us immediately.

Thank you for your attention to this matter.

Declaration

The undersigned will handle the applicable surplus lines affidavit filings and the payment of all applicable surplus lines taxes and/or fees due with respect to the above-captioned Policy in accordance with the appropriate state surplus lines laws.

For CA business Only: The Surplus Lines Producer acknowledges that he/she has obtained a signed copy of the D-1 Form from the Producing Broker, as required by CA regulation, and will maintain as required.

Licensed Surplus Lines Broker

Surplus Lines Broker Name: _____

Surplus Lines Broker Address: _____

Surplus Lines License No.: _____

If New Jersey, Transaction Number: _____

State: _____

Signature: _____

Date: _____

IMPORTANT NOTICE:

- 1. The insurance policy that you are applying to purchase is being issued by an insurer that is not licensed by the State of California. These companies are called "nonadmitted" or "surplus line" insurers.**
- 2. The insurer is not subject to the financial solvency regulation and enforcement that apply to California licensed insurers.**
- 3. The insurer does not participate in any of the insurance guarantee funds created by California law. Therefore, these funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised.**
- 4. The insurer should be licensed either as a foreign insurer in another state in the United States or as a non-United States (alien) insurer. You should ask questions of your insurance agent, broker, or "surplus line" broker or contact the California Department of Insurance at the toll-free number 1-800-927-4357 or internet website www.insurance.ca.gov. Ask whether or not the insurer is licensed as a foreign or non-United States (alien) insurer and for additional information about the insurer. You may also visit the NAIC's internet website at www.naic.org. The NAIC-the National Association of Insurance Commissioners-is the regulatory support organization created and governed by the chief insurance regulators in the United States.**
- 5. Foreign insurers should be licensed by a state in the United States and you may contact that state's department of insurance to obtain more information about that insurer. You can find a link to each state from this NAIC internet website: https://naic.org/state_web_map.htm.**
- 6. For non-United States (alien) insurers, the insurer should be licensed by a country outside of the United States and should be on the NAIC's International Insurers Department (IID) listing of approved nonadmitted non-United States insurers. Ask your agent, broker, or "surplus line" broker to obtain more information about that insurer.**
- 7. California maintains a "List of Approved Surplus Line Insurers (LASLI)." Ask your agent or broker if the insurer is on that list, or view that list at the internet website of the California Department of Insurance: www.insurance.ca.gov/01-consumers/120-company/07-lasli/lasli.cfm.**
- 8. If you, as the applicant, required that the insurance policy you have purchased be effective immediately, either because existing coverage was going to lapse within two business days or because you were required to have coverage within two business days, and you did not receive this disclosure form and a request for your signature until after coverage became effective, you have the right to cancel this policy within five days of receiving this disclosure. If you cancel coverage, the premium will be prorated and any broker's fee charged for this insurance will be returned to you.**

Date: _____

Insured: _____

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is already included in your policy (including any quotation for insurance) to which this notice applies. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury – in consultation with the Secretary of Homeland Security, and the Attorney General of the United States – to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. **HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, INCLUDING BUT NOT LIMITED TO, AN EXCLUSION FOR NUCLEAR EVENTS. PLEASE READ IT CAREFULLY.** Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020 of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a USD100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds USD100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed USD100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for certified acts of terrorism as defined in the Terrorism Risk Insurance Act, as amended in 2015, is **1%**. This amount does not include any charges for the portion of loss covered by the Federal Government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED IN 2015, ANY LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM UNDER MY POLICY MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND ARE SUBJECT TO A USD100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

INSURANCE CARRIER: Houston Casualty Company