



Coalition Insurance Solutions, Inc.
[CA] License No. [0L76155]
415 Jackson Street, Suite 200
San Francisco, CA 94111
Producer Code: 1035616

[November 1, 20xx]

Producer:

[John Smith]
[Acme Broker]
[123 Main St
City, CA, 94105]

Re: Coalition Cyber Policy

Dear [John]:

We are pleased to offer the attached quotation for [XYZ Co.]. Should you have any questions, please let us know.

In addition to our comprehensive insurance coverage, Coalition also provides robust cyber security tools including automated alerts, threat intelligence, expert guidance and recommendations, benchmarking, and ongoing monitoring to all of our policyholders. All are included in our apps platform at no additional cost to the insured. To learn more, visit www.thecoalition.com.

Thank you again for the opportunity to work with you as a risk management partner to [XYZ Co.]. If we can further assist you, or if you would like to learn more about our coverage or integrated approach to cyber risk management, please do not hesitate to contact us.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Ram", is positioned above the typed name.

Shawn Ram
Head of Insurance
1.415.830.1592 (direct)
join@thecoalition.com



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COALITION CYBER POLICY QUOTATION

Please be advised this quotation is for surplus lines coverage. Compliance with applicable laws and payment of taxes and fees is the responsibility of the Insured, Insurance Agent, or Insurance Broker. Upon binding of this account, we must receive a signed application from the Insured.

Subject to the terms and conditions contained herein, Coalition Insurance Solutions (“Coalition”) agrees to issue to the below Named Insured the following quotation for insurance coverage:

Coalition Quote No.: [12345678]
Named Insured [XYZ Co.]
Address [123 Sample Street
 City, CA 11111]
Policy Period From: [November 1, 20xx] (Effective Date)
 To: [November 1, 20xx] (Expiration Date)
Both dates 12:01 A.M. at the Named Insured’s address above.

Policy Premium	Premium without TRIA	[\$xxx.xx]	
	TRIA Premium	[\$xxx.xx]	
	Total Premium	[\$xxx.xx]	
	[Broker Fee]	[\$xxx.xx]	[OPTIONAL]
	[CA Surplus Lines Tax]	[\$xxx.xx]	[OPTIONAL]
	[CA Stamping Fee]	[\$xxx.xx]	[OPTIONAL]
	[Other Taxes and Fees]	[\$xxx.xx]	[OPTIONAL]
	Total	[\$xxx.xx]	[OPTIONAL]

Aggregate Policy Limit of Liability [\$1,000,000]

Coverage under this policy is provided only for those Insuring Agreements for which a limit of liability appears below. If no limit of liability is shown for an Insuring Agreement, such Insuring Agreement is not provided by this policy. The Aggregate Policy Limit of Liability shown above is the most the Insurer(s) will pay regardless of the number of Insured Agreements purchased.

THIRD PARTY LIABILITY COVERAGES

Insuring Agreement	Limit / Sub-Limit	Retention / Sub-Retention
A. NETWORK AND INFORMATION SECURITY LIABILITY	[\$1,000,000]	[\$10,000]
B. REGULATORY DEFENSE AND PENALTIES	[\$1,000,000]	[\$10,000]
C. MULTIMEDIA CONTENT LIABILITY	[\$1,000,000]	[\$10,000]
D. PCI FINES AND ASSESSMENTS	[\$1,000,000]	[\$10,000]

FIRST PARTY COVERAGES

Insuring Agreement	Limit / Sub-Limit	Retention / Sub-Retention
E. BREACH RESPONSE	[\$1,000,000]	[\$10,000]
F. CRISIS MANAGEMENT AND PUBLIC RELATIONS	[\$1,000,000]	[\$10,000]
G. CYBER EXTORTION	[\$1,000,000]	[\$10,000]
H. BUSINESS INTERRUPTION AND EXTRA EXPENSES	[\$1,000,000]	[\$10,000]

		i. Waiting period:	8 hours
		ii. Enhanced waiting period:	8 hours
I. DIGITAL ASSET RESTORATION	[\$1,000,000]		[\$10,000]
J. FUNDS TRANSFER FRAUD	[\$1,000,000]		[\$50,000]

Coverages by Endorsement	Limit / Sub-Limit	Retention / Sub-Retention
BREACH RESPONSE SEPARATE LIMIT Limit is separate from and in addition to the Aggregate Policy Limit of Liability	[\$1,000,000]	[\$10,000]
BI/PD3. BODILY INJURY AND PROPERTY DAMAGE – 3RD PARTY	[\$1,000,000]	[\$10,000]
BI/PD1. BODILY INJURY AND PROPERTY DAMAGE – 1ST PARTY	[\$1,000,000]	[\$10,000]
SI. COMPUTER REPLACEMENT ENDORSEMENT	[\$1,000,000]	[\$10,000]
SF. SERVICE FRAUD	[\$100,000]	[\$10,000]
RHL. REPUTATIONAL HARM LOSS	[\$250,000]	[\$10,000]
TE/O. TECHNOLOGY ERRORS AND OMISSIONS	[\$1,000,000]	[\$10,000]
POLLUTION ¹	[\$1,000,000]	[\$10,000]
REPUTATION REPAIR ²	[\$1,000,000]	[\$10,000]

Pre-Claim Assistance

[\$xxx] *Pre-claim assistance is a benefit included as part of the premium. See Section V, CLAIMS PROCESS, PRE-CLAIM ASSISTANCE of the Policy for more details.*

Insurers and Quota Share Percentage

Insurer	Policy No.	Quota Share % of Loss	Quota Share Limit of Liability	Premium
North American Capacity Insurance Company	BLANK	51.0%	[\$510,000]	[\$xxx.xx]
Peelus Insurance Company [US excl. VA] / Colony Specialty Insurance Company [VA]	BLANK	49.0%	[\$490,000]	[\$xxx.xx]

Retroactive Date [Full Prior Acts]

Continuity Date [November 1, 20xx]

Endorsements and Forms Effective at Inception	
DECLARATIONS	SP 14 797 0119
COALITION CYBER POLICY	SP 14 798 1117
QUOTA SHARE ENDORSEMENT	SP 15 629 0218
SERVICE OF SUIT	SP 14 927 1117
BREACH RESPONSE SEPARATE LIMIT ENDORSEMENT	SP 16 296 0618
BODILY INJURY AND PROPERTY DAMAGE – 1ST PARTY	SP 14 799 1117

¹ POLLUTION ENDORSEMENT amends A. NETWORK AND INFORMATION SECURITY LIABILITY (if selected) and B. REGULATORY DEFENSE AND PENALTIES (if selected); use of this limit reduces the limit for A. and B.

² REPUTATION REPAIR ENDORSEMENT amends F. CRISIS MANAGEMENT AND PUBLIC RELATIONS; use of this limit reduces limit for F.



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BODILY INJURY AND PROPERTY	
DAMAGE – 3RD PARTY	SP 14 800 0518
POLLUTION ENDORSEMENT	SP 14 801 0318
COMPUTER REPLACEMENT	
ENDORSEMENT	SP 16 381 0718
ENHANCED WAITING PERIOD FOR	
DENIAL OF SERVICE ATTACKS	SP 14 805 1117
REPUTATION REPAIR ENDORSEMENT	SP 14 802 1117
TECHNOLOGY ERRORS AND	
OMISSIONS COVERAGE	SP 15 728 0518
SERVICE FRAUD	SP 16 183 0518
REPUTATIONAL HARM LOSS	SP 16 383 0718

Commission [OPTIONAL]

[xx%]

Conditions:

This quotation expires within sixty (60) days or on the expiration date of the current coverage, whichever comes first.

This quotation for insurance coverage is issued based on the truthfulness and accuracy of the responses to the questions on the insurance application entered into our underwriting system.

If between the date of the quotation and the Effective Date of the proposed insurance contract, there is a material change in the condition of the Named Insured or if any notice of claim or circumstance giving rise to a claim is reported prior to the Effective Date of the proposed insurance contract, then the Named Insured must notify Coalition. Whether or not this quotation has already been accepted by the Named Insured, Coalition reserves the right to rescind this indication as of its Effective Date or to modify the final terms and conditions of the quotation upon review of the information. Coalition also reserves the right to modify the final terms and conditions upon review of the information received in satisfaction of the aforementioned conditions.

This quotation is also subject to the satisfaction of the following condition that an authorized representative of the Named Insured sign the application within ten (10) days of the issuance of a binder or insurance coverage will not take effect.

Please note this quotation contains only a general description of coverage provided. For a detailed description of the terms, you must refer to the insurance contract itself and the endorsements listed herein.