

Suspected Data Breach Claim Form

Claim Number (TDC internal reference): _____

Required Information

Policy Number: _____

Insured: _____

Insured Main Contact: _____

Insured Contact Phone Number: _____

Insured Address: _____

Insured E-mail Address: _____

1. Are you reporting an actual or suspected privacy breach incident?

Actual Suspected

2. Please describe the nature of the breach incident:

3. When did the incident occur? _____

4. In what city and state did the incident occur? _____

5. When did your organization first discover that the incident occurred? _____

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

7. If applicable, was the lost/stolen electronic device encrypted? Yes No

8. How many individuals do you suspect are affected? _____

9. Please attach copies of any breach-related documentation you have received.