



**Errors & Omissions/General Liability Fund -- First Party Cyber Endorsement
NOTICE OF CYBER INCIDENT**

This form must be filled out completely and submitted to NCSBT promptly following discovery of a Cyber Incident, or in any event within 15 days of discovery of the Incident. Please see Attachment B, Reporting Requirements, for notice requirements in the event of an emergency. Failure to timely complete this form will result in loss of coverage under the Endorsement.

Report Date:

<i>NCSBT Errors & Omissions/General Liability Fund Coverage Information</i>		
Effective Date	Expiration Date	Date Incident Discovered
Member District	Contact Name and Address	Telephone Number
		Email Address
<i>Nature of Incident*</i>		
Please provide brief description of Incident and how the Incident was discovered:		
<i>Other Coverage Providers*</i>		
Is the Member District covered under any cyber insurance policy or coverage document? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please attach a copy of the Declarations page from such policy or document and provide the following information:		
Name of Carrier	Policy No.	
Date Incident reported to commercial provider:		
<i>Law Enforcement Notification*</i>		
Has Incident been reported to law enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name of Agency	Report No.	

For questions, please contact Christine Scheef at 919-747-6681.

Please submit this form and any additional requested documentation to NCSBT (Attn: Christine Scheef) at:

cscheef@ncsba.org
 919-841-4315 (fax)
 P.O. Box 97877
 Raleigh, NC 27624-7877

* NCSBT reserves the right to request any additional information or documents, as it deems appropriate.