



Errors & Omissions/General Liability Fund -- First Party Cyber Endorsement

CYBER REIMBURSEMENT REQUEST

This form must be filled out completely and submitted to NCSBT within 30 days following final payment to a Fund-

<i>Incident Information</i>		
Date Incident Discovered	Date Incident Reported to NCSBT	
Member District	Contact Name and Address	Telephone Number
		Email Address
<i>Information about Services*</i>		
Independent Cyber Security Consultant used:		
Independent Privacy Breach Notification Consultant used (if any):		
Please attach (1) all itemized bills and (2) proof of the Member School District's payment.		

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.