

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ENDORSEMENT C**

**State of Arkansas AMAIT Cyber Claim Protocol**

1. The cyber loss notice is generated by the Contractor and will be sent by email to:

Risk Management Division: insurance.risk.management@arkansas.gov

Insurance Company : Insurance Company Claims email address.  
Claims Manager email address.

2. The State of Arkansas and its Participating Governmental Entities through the Arkansas Multi Agency Insurance Trust (AMAIT) will reimburse the Insurance Company(s) and Contractor for all claim and breach costs, emergency mitigation costs, claim management costs, and adjustment expense costs for all cyber incidents and events and incurred claims for all coverage included within the insured's aggregate retention and per occurrence deductible in accordance with the following AMAIT Cyber Claim Protocol.
3. The Insurance Company(s) **shall** contract with Pre-Approved Provider Cyber Response Panel Vendors, assigned by the insurance company to this account, and negotiate contracts for service for all breach costs coverage.
4. The Insurance Company(s) and Contractor **shall** provide all claim management for all cyber incidents and events including claims incurred and reported within the insured's aggregate retention and per occurrence deductible.
5. The Insurance Company(s) and Contractor **shall** pay in advance for all claim and breach costs, emergency mitigation costs, claim management costs, and adjustment expense costs for all cyber incidents and events and incurred claims for all coverage included within the insured's aggregate retention and per occurrence deductible.
6. All payments made by the Insurance Company(s) and Contractor for breach costs to the Pre-Approved Provider Cyber Response Panel Vendors within the insured's aggregate retention and per occurrence deductible including, but not limited to, Privacy Event Counsel, Computer Forensics, Data Breach Response, Public Relations, Notification Expense, Credit Monitoring Expense, and Forensic Accounting & Claims Preparation Cost **must** apply to the insured's aggregate retention and per occurrence deductible regardless of the rates, scope of work, and number of hours.
7. The Insurance Company(s) and Contractor **shall** provide the AMAIT with a monthly invoice for reimbursement for all claim and breach costs, emergency mitigation costs, claim management costs, and adjustment expense costs for all cyber incidents and events and incurred claims for all coverage included within the insured's aggregate retention and per occurrence deductible in a format acceptable for the auditing requirements of the State of Arkansas.
8. The Insurance Company(s) and Contractor **shall** supply detailed supplemental information for each monthly invoice for all claim and breach response expense costs within the insured's aggregate retention and per occurrence deductible for reimbursement, which include the specific claim information for each claim including, but not limited to: Specific Claim Number, Date of Loss, Participating Governmental Entity name and AASIS CODE, Pre-Approved Provider Cyber Response Panel Vendors Payee, all claim payment amounts, breach cost amounts, payment dates, and all

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other information needed, as determined by RMD.

9. The Insurance Company(s) **shall** provide legal counsel as part of breach and defense costs and the AMAIT will not retain separate legal counsel.
10. A monthly Loss History Report **must** be provided by the Insurance Company to BXS Insurance for all claims managed and adjusted by the Insurance Company. The monthly Loss History Report **must** provide all pertinent data including, but not limited to: claim number, date of loss, cause of loss, agency name and number, amount paid, amount reserved, value changes as they occur each month, claim open/closed status, and other information as requested by Risk Management Division.
11. BXS Insurance **shall** provide a monthly Loss History Report to the Risk Management Division for all claims incurred up to and exceeding the Aggregate Retention and per occurrence deductibles for all coverage provided and in a format that is acceptable to the Risk Management Division.
12. Claim checks issued by the Insurance Company to each State Participating Governmental Entity **shall** include the 3 digit AASIS Business Area code number and State Participating Governmental Entity name. Checks should not be issued to the AMAIT Fund by the Insurance Company unless the AMAIT Fund has paid a claim(s) which has exceeded the Aggregate Retention. If multiple State Participating Governmental Entity(s) are involved in the loss, then claim checks will need to be sent to each Participating Governmental Entity with the 3 digit State AASIS Business Area code number.